



LIFETIME PET WELLNESS CENTER

NEW CLIENT FORM

614-888-2100 | lifetimepetwellness.com

454 Lazelle Road, Columbus, OH 43240

Welcome to Lifetime Pet Wellness Center! A caring integrative approach for your pets.

CLIENT INFORMATION

Name for account: _____ Spouse/Signif. name: _____

Children's names: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ - _____ Secondary Phone: _____ - _____ Other: _____ - _____

Email: (used for reminders and updates) _____

To allow us to maintain our high standards of veterinary medicine, full payment is required at the time of service.

How will you be taking care of your account today? Cash Credit Card Care Credit®

PATIENT INFORMATION

Name	Breed	Colors	Age	Sex M, F, MN, FS	Allergies food/drug? Indoor/outdoor? Illnesses?

Regarding overall health issues, do you regard you pet as:

Family, I am interested in all wellness and healthcare issues A pet, I am not interested in all wellness and healthcare issues

Since we are a full service veterinary facility and practice integrated medicine, are you interested in or want information about...

- | | |
|---|--|
| <input type="checkbox"/> Acupuncture (certified) | <input type="checkbox"/> HW/intestinal parasite control |
| <input type="checkbox"/> Boarding at Lifetime Pet Wellness Center | <input type="checkbox"/> Laser surgery |
| <input type="checkbox"/> Cryosurgery | <input type="checkbox"/> Laser therapy |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Nutritional medicine |
| <input type="checkbox"/> Flea/tick prevention | <input type="checkbox"/> Specialty or Holistic diets |
| <input type="checkbox"/> Grooming at Lifetime Pet Wellness Center | <input type="checkbox"/> Spinal Manipulative Therapy (certified) |
| <input type="checkbox"/> Herbal medicine-Chinese or Western | <input type="checkbox"/> Training or behavioral classes |
| <input type="checkbox"/> Homotoxicology (a form of homeopathy) | <input type="checkbox"/> Ways to extend your pet's life |

How did you hear from us?

- | | |
|---|--|
| <input type="checkbox"/> Personal friend, relative, etc. (who should we thank?)
A \$20.00 coupon for _____ | <input type="checkbox"/> New resident program/ Welcome Wagon |
| <input type="checkbox"/> Social Media: Instagram Facebook Twitter | <input type="checkbox"/> Pet store/humane society _____ |
| <input type="checkbox"/> Sign (drove by) | <input type="checkbox"/> Direct mail or coupon _____ |
| <input type="checkbox"/> Newspaper ad/article _____ | <input type="checkbox"/> Civic or community event _____ |
| | <input type="checkbox"/> Other _____ |

Client Signature

Date

Thank you for taking the time to fill out this form for us!