



Fill out the form, print it, then fax it to us, or scan it and email the .pdf to [customer care@CarolinaVetRec.com](mailto:customer care@CarolinaVetRec.com)!

# Client Welcome Form

300 Unionville-Indian Trail Rd • Indian Trail, NC 28079 • 704-821-7161 • Fax 980-313-8188

## Contact Info.

*Primary Contact/Owner must be age 18 or older*

Owner/ 1st Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relation to Primary \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Secondary Email \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_ Referring Practice \_\_\_\_\_

Preferred Contact Method    Cell    Home  Email  Text    Best Time to Contact \_\_\_\_\_

## Patient Information

Patient Name \_\_\_\_\_ Breed \_\_\_\_\_

Gender \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ Birthdate \_\_\_\_\_

Please describe the reason for your visit, including list of concerns and goals:

## Patient History

Past surgeries or major medical history that we should be aware of:

List all medications your pet is currently taking with dosage & frequency (including supplements):

**How did you hear about us?** (Check all that apply)

Veterinarian    Web site    Brochure  
Yellow Pages    Online Search    Friend  
Other (please list): \_\_\_\_\_

May we use your pet's picture in promotional or educational materials, including on social media and the web?    Yes    No

**Thanks for taking the time to answer completely! Your input enables us to make an effective assessment and design a therapy plan specifically tailored to your family and pet.**

*I assume responsibility for all charges incurred in the treatment of this animal. I understand that these charges must be paid at the time of release, a deposit may be required for some treatments, and Vet-REC does not accept checks.*

\_\_\_\_\_  
Owner/Primary Contact Signature (must be 18)

\_\_\_\_\_  
Date