



The Veterinary Wellness Center of North Canton, LLC

Richard A. Weaver, DVM

"Kind to Your Pets & Budget"

517 North Main Street - North Canton, OH – 44720

(330)966-5569 – www.vetwellnesscenter.com

Client Information

Date: ___/___/___

First Name: _____ Last: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Referred by: _____

*Please note that all communication from the VWC will be done via email to save on mail fees and keep prices low.

I waive all rights to hold the Veterinary Wellness Center of North Canton, LLC, its properties, or its employees liable for any undesirable effects during the course of, or resulting from any kind of treatment to my pets.

I understand that payment is due in full at the time of service X _____

Form of payment for today's visit: Cash Check CC

Pet Information

<u>Pet Name</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Color</u>	<u>Birth Date</u>	<u>Reason for visit</u>
	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Declawed <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/> Fixed <input type="checkbox"/>			

Has your pet ever had a VACCINE REACTION? Y N To: _____

Does your pet have any ALLERGIES? Y N To: _____ Please explain... _____

Has your pet ever been AGGRESSIVE? Y N

What pet food do you feed your pet? _____

What treats do you give your pet? _____

What flea preventative do you use? _____

Special Needs? _____

For Office Use Only

Temp _____ Weight _____ BAR: Y N Health: A B C D F