



animal wellness center of bonita
Joe Covino, DVM
(239) 405- VETS (8387)
10347 Bonita Beach Rd., Suite 118, Bonita Springs, FL 34135
www.animalwellnesscenterofbonita.com

Client and Patient Information:

Owner _____

Address _____

Home Phone () _____

Work Phone () _____

Occupation _____

Co-Owner _____

Home Phone () _____

Occupation _____

Referred by _____

Your Previous Veterinarian:

Dr. _____

Practice _____

Address _____

Phone () _____

Fax () _____

E-mail _____

Pet's Name _____

Birthdate _____

Species Dog Cat Rabbit Horse

Other (Species) _____

Breed _____

Color _____ Weight _____

Sex Male Female Neutered Spayed

Obtained From: Pet Store Breeder

Humane Society Other _____

You have your pet primarily for: Show

Breeding Work

Companionship Other _____

Number of Pets in Household: Dogs ____ Cats ____

Other _____

Your Pet is: Indoors/Outdoors Only

Indoors Only Outdoors

When outdoors your pet is: Loose

Leashed Fenced Other _____

Chip ID # _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). To the best of my knowledge, I affirm the following about my pet(s): 1.No known or diagnosed allergies to vaccines, 2. animal wellness center of bonita uses the finest vaccines available however, a vaccine reaction is possible, but rare. 3. Should my pet(s) become ill due to a vaccine. I will not hold animal wellness center of bonita or its affiliates responsible. 4. Being aware of these facts, I give permission to the animal wellness center of bonita to administer the vaccines recommended. 5. If applicable I will not give HEART-WORM PREVENTATIVE without NEGATIVE test results. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time or release unless otherwise agreed upon with management. Owner agrees to pay all charges incurred as a result of any visit to or care rendered to Owners at the animal wellness center of bonita at the time said services are rendered. In the event that the said charges are not paid upon rendering of services; Owners agrees to pay all costs, fees, and expenses, including the reasonable attorney's fees, incurred as a result to collect said charges.

Owner/Agent Signature _____ Date _____

Owner/Agent Printed Name _____