



Wittenberg Veterinary Clinic Companion Animal  
103 E. Vinal Street PO Box 355  
Wittenberg, WI 54499  
(715)-253-3884      wittvet@gmail.com

Date: \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Spouse/Other Employer \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Email Address \_\_\_\_\_

Pet's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Pet's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Pet's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

If you have more than three pets list their names here and if dog or cat:

\_\_\_\_\_

Reason for Visit/Why you wish to become a client:

\_\_\_\_\_

How did you hear about us? Phonebook \_\_\_\_\_ Internet \_\_\_\_\_ Referred \_\_\_\_\_ By Who: \_\_\_\_\_

Are there any family members/friend/parties who have access to account and records?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

I assume responsibility for all charges incurred in the care of this/these animal(s). I also understand that these charges will be paid for at the time of service/ release and a deposit may be required for surgical treatment.

Owner of Responsible Party Signature \_\_\_\_\_