Pet Health
Customer Information Form

Pet Health, a division of Women's International Pharmacy Inc., recognizes the importance of keeping your customer information up to date so that our staff can provide you the best quality service and care. Please complete this form and return to Pet Health. This form is also available online. Be assured that this information will remain confidential.

Pet's Name: _____

Pet's Date of Birth: _____ Pet's Gender: _____

Type of Animal: _____

Owner's Name: _____
              First   M.I.   Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Date of Birth: _____

Driver's License Number: _____
              (Required by law in some states)

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Health Information

Please fill in the pertinent information regarding your pet's current health condition to ensure quality service and care.

Pet Weight: _____

Allergies: _____

Conditions (e.g., Heart Disease, Diabetes, etc.): _____

_____

Other Medications and/or Supplements: _____

_____

(Over)

Non-Safety Cap Option

Pet Health requires a signature to have non-safety caps placed directly on all of your prescription vial(s).
(*You may change your mind about the use of such packaging at any time. Please contact the pharmacy should your packaging preference change.*)

Yes, I would like a non-safety cap placed on **ALL** of my prescription vials.

_____ _____
(Your signature) (Date)

Additional Services

Automatic Mail Service / Auto Ship

• At your request, we can send your refills automatically. Please contact a pharmacy technician for more details.

Refill Services

• Online Prescription Refills – www.pethealthrx.net

Credit Card on File

• Payment is required at the time of the order. We offer a convenient payment plan. Just complete the information below and we will retain this information on your file.

• When you or your practitioner requests an order, your Debit/Credit Card will automatically be charged.

☐ MasterCard   ☐ Visa   ☐ American Express ☐ Discover

Number: _____ Exp. Date: _____

Signature: _____

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