

Best Friend Veterinary Hospital New Client/Pet Information

Client Information:

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____

Zip Code: _____ County: _____ Email: _____
(Email is used for vaccine reminders & copons/Specials ONLY)

Home Phone: _____ Cell#: _____

Employer: _____ Work#: _____

Spouse Name: _____ Spouse Cell#: _____

Driver's License # _____ D.O.B _____ (Must provide license # for check writing privileges)

How did you hear about our clinic?

Drove by Online Personal referral (whom may we thank?) _____

Accepted forms of payment: Cash, Check, Visa, Mastercard, Discover, American Express & Care Credit.

_____ I understand that payment is expected at time of service and that in house payment plans are not an option.
Initial Here

Pet Information:

	Pet #1	Pet #2	Pet #3
PET NAME(s):			
Species: Dog/Cat	<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> DOG <input type="checkbox"/> CAT
Breed:			
Date of birth/Age:			
Color:			
Sex: Male/Female	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Spayed/Neutered?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

I am the owner for the above animal and assume responsibility for all of the charges incurred in the care of this animal including any collection and/or attorney's fees. THIS CLINIC DOES NOT DO PAYMENT ARRANGEMENTS; PAYMENT IS EXPECTED AT TIME OF SERVICE. Any unpaid balances will accrue interest at 18% APR and a \$25 fee will be charged for any returned checks. I understand that payment is due at the time of service and that a deposit may be required for surgical procedures, emergencies, and hospitalization. We do offer CARE CREDIT for pet care expenses. If you are interested in Care Credit ask a receptionist for details. I also approve to release my pets medical records to other Veterinarians and or boarding/grooming facilities that may provide care for my pet in the future.

Owner Signature: _____ **Date:** _____