



Welcome to BVVC

Client Information

Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone: Home _____ Cell _____ Work _____

Emergency Contact Name and Phone Number _____

Spouse _____ Cell _____ Work _____

Preferred Method of Contact Text _____ Email _____ Phone Call _____

How did you learn about our clinic? Referral Name: _____

Website: Social Media: Phone Book: Newspaper/Billboard:

Location: Word Of Mouth:

Pet Information

Name _____ Dog Cat Other _____ Birthdate/Age _____

Breed _____ Color _____ Sex: Male Female

Neutered/Spayed? Yes No At what age? _____ Diet used _____

How long have you had your pet? _____ Where did you get your pet? _____

Has your pet been vaccinated? Dog: Rabies DA2PP Lepto Kennel Cough Lyme

Cat: Rabies FVRCP FeLV FIV

Has your pet had any reactions? Anesthesia Vaccines Medications Flea meds Other _____

Payment

We will gladly prepare a written estimate for any services as requested and require you to sign an estimate for all services over \$250. All payments are due in full at the time services are provided. We accept Visa, MasterCard, Discover, CareCredit, cash, and checks. A service charge will be added for all returned checks and accounts turned over to a collection agency.

Owner signature and consent

To prevent the spread of infectious diseases, all hospitalized patients are generally required to be current on all recommended vaccines, and free from internal and external parasites. A signature below acknowledges that you have been informed of this information, have consented to have us care for your pet, and have consented to us obtaining/sharing needed veterinary records to/from other clinics which care for your pets.

Signature of Owner or Responsible Agent _____ Date _____