

BROOKDALE ANIMAL HOSPITAL- New Client Form

PLEASE FILL OUT ENTIRE FORM

FIRST & LAST NAME (Please Print)		ADDITIONAL NAME ON ACCOUNT		
		Circle One: Spouse/ Partner/ Relative/ Friend/ Other:		
STREET ADDRESS		HOW DID YOU FIND OUT ABOUT OUR CLINIC		
		Circle One: Clinic Sign / Friend/Relative / Website / Internet / Other (please specify):		
Apt#		Who may we thank for your referral? FIRST AND LAST NAME		
City:	Zip:			
PHONE NUMBERS		EMAIL ADDRESS		
Home:				
Cell:		INTERESTED IN RECEIVING EMAIL NEWSLETTER?		
Work:		YES NO		
CLIENT PREFERENCES		BEST TIME OF DAY TO BE CONTACTED		
Please remind me of upcoming appointments via: Circle one: Email / Phone		Circle one: MORNING (8-12P) (1-3PM) EVENING (4-7PM) @ Home @ Work on Cellular		
Please send wellness reminders via: Circle one: Email / US Mail				
	PET #1	PET#2	PET#3	<div style="background-color: #e0e0e0; padding: 5px; border: 1px solid black;">NEW CLIENT COUPON \$25 OFF YOUR FIRST VISIT</div> <p style="font-size: small; margin-top: 10px;">Form must be completely filled out, signed and presented at your first visit.</p> <p style="font-size: small; margin-top: 10px;">Coupon is not valid with any other discounts/promotions.</p> <p style="font-size: small; margin-top: 10px;">Coupon applies to new clients only.</p>
PET'S NAME				
SPECIES	Dog Cat Other	Dog Cat Other	Dog Cat Other	
BREED				
SEX Circle one:	Female Male Spayed Neutered	Female Male Spayed Neutered	Female Male Spayed Neutered	
COLOR				
DATE OF BIRTH / AGE				
Any known medical conditions, allergies or other? Please explain:				
Last Rabies Vaccination				
Has your pet ever bitten anyone before?	Yes No When? _____	Yes No When? _____	Yes No When? _____	

**FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.
THERE IS NO BILLING OF SERVICES.**

We accept cash, Discover, Visa and Mastercard. In special circumstances we may offer an alternative payment plan through Care Credit, however credit must be approved prior to receiving services. Due to the high number of returned checks we no longer accept personal checks on first visits. Please feel free to ask for an estimate for services at any time and prior to accepting care. "Check Usage Policy": in accordance with NACHA's rules and regulation any checks returned will be re-presented to your bank for electronic withdrawal for the face value of the check and the maximum allowed NSF fee. Any balances 30 days and older will be subject to collections as well as any additional collection or legal fees.

AUTHORIZATION TO PROVIDE CARE

I confirm that I am 18 years (or older) and I am the owner (or authorized agent of the owner) for the pets listed above. I authorize the veterinarians and staff at Brookdale Animal Hospital, P.A. to examine, treat and perform diagnostic testing on my pet as deemed necessary. I also agree to assume full responsibility for all charges incurred in the care of my pet(s), as well as any additional legal fees or interest should my account be subject for collections.

I acknowledge that I have read, understand and agree with the above information.

Signature: _____ Date: _____

Staff Use Only Driver's License Number (required) _____ Staff initial: _____
--