

Welcome to Best Friends Animal Hospital & Urgent Care Center

Client Information

Last Name _____	First Name _____	Spouse's Name _____
Address _____		City _____ State _____ Zip _____
Home Phone: _____	Email Address: _____	
Your Date of Birth: _____	Spouse's Date of Birth: _____	
Your Employer: _____	Spouse's Employer: _____	
Your Work Phone: _____	Spouse's Work Phone: _____	
Your Cell Phone: _____	Spouse's Cell Phone: _____	

Referred to Best Friends Animal Hospital by: _____

Why have you selected Best Friends Animal Hospital for your pet's care? _____

Pet Information:

All hospitalized or boarding patients must be up to date on all vaccinations and free from parasites. Please let us know your pet's vaccination and parasite control history.

Pet's Name: _____	Pet's Name: _____
Breed: _____ Color: _____	Breed: _____ Color: _____
Date of Birth/Approximate Age: _____	Date of Birth/Approximate Age: _____
Male-Neutered? <u>Y</u> <u>N</u> Female-Spayed? <u>Y</u> <u>N</u>	Male-Neutered? <u>Y</u> <u>N</u> Female-Spayed? <u>Y</u> <u>N</u>
Most Recent Rabies: _____	Most Recent Rabies: _____
Most Recent Distemper: _____	Most Recent Distemper: _____
Most Recent Canine Bordetella: _____	Most Recent Canine Bordetella: _____
Most Recent Canine Leptospirosis: _____	Most Recent Canine Leptospirosis: _____
Most Recent Feline Leukemia: _____	Most Recent Feline Leukemia: _____
Place of recent vaccination: _____	
Does your pet have permanent identification? _____	

Acknowledgement/Authorizations:

I DO UNDERSTAND THAT ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We would be glad to provide you with a quote or written estimate of the fees associated with your pet's visit and/or hospital stay. Just ask our front office manager or receptionist. In case of extensive medical or surgical procedures, when payment in full may be difficult, we do accept **VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS**. In addition, we can help you apply for **CARE-CREDIT**, a lending company that offers short-term interest free credit. Upon your request you will be provided a copy of our collection policy. *A \$30.00 service charge will be assessed for any returned checks.*

Signature of Client responsible for pet: _____ Date: _____