

Welcome to Bethany Animal Hospital -- New Client/Pet Information Form

Owner's Name: _____ Date of Birth: ____/____/____ Client #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Occupation: _____ Employer: _____

SSN: _____ - _____ - _____ OR I.D./Drivers License: _____

Name of who *referred* you to Bethany Animal Hospital? _____

Spouse/Partner name: _____ Cell Phone #:(____) _____

Occupation: _____ Employer: _____ SSN#: _____

Emergency Contact Person: _____ Relation to you: _____

Home phone: (____) _____ Work phone: (____) _____

Pet Insurance? No Yes If yes, insurance company name: _____

Pet Information: (if you have more than 1 pet please fill out separate forms)

Name: _____ Dog  Cat  **Microchip:** No Yes

Breed(s): _____ Color/Markings: _____ Age: _____ yrs/mos

Sex (select one): Spayed Female Neutered Male Male Female

Please give **month, and year & veterinarian** that these vaccinations/tests were performed:

DOGS 

CATS 

Rabies Vaccination		Feline Leukemia Test	
Distemper-H-P-Parvo		Rabies Vaccination	
Corona		Feline Distemper Combo (FVRCP)	
Bordatella		Feline Leukemia Vaccination	
Heartworm Test		Fecal Exam	
Fecal Exam		Dental Exam	
Dental Exam		Indoors only <input type="checkbox"/> / Outside cat <input type="checkbox"/>	In & Out doors <input type="checkbox"/>

Previous medical/surgical history: _____

Is your pet currently on any medication? Yes No If Yes, Please list: _____

Any known allergies? _____

Bethany Animal Hospital does not extend credit nor do we do any billing. Payment is expected for services at the time services are rendered.

We accept CASH, ATM –Debit, Visa, Master Card, Discover and Care Credit. No CHECKS accepted. No PAYMENT PLANS.

Financial responsibility: I agree to pay all finance charges, collection costs, attorney fees, and any other costs that may be incurred to enforce collection of any amount outstanding. All account balances over 30 days old will be subject to 3% interest and a \$5.00 monthly billing fee.

Signature: _____ **Date:** _____