

BROWNS BRIDGE ANIMAL HOSPITAL

Client Information

Please fill in all information

_____	_____	_____	_____		
Last Name	First Name	Middle Initial	Date		
_____		_____	_____		
Street / Mailing Address		City	State Zip		
_____	_____	_____			
Cell Phone Number	Home Phone Number	Business Phone Number			
_____		_____			
Email Address		Employer			
_____		_____			
Spouse/Co-owner		Cell Phone Number			
_____		_____			
Email Address		Employer			
_____		_____			
Business Phone Number		_____			
_____		_____			
How did you hear about our practice?		Website _____	Drive By _____	The Shopper _____	Billboard _____
Client Referral _____		Other _____	Where: _____		
_____		_____	_____		
Emergency Contact		Cell Phone Number	Business Phone Number		

PET INFORMATION

(1) _____

_____	_____	_____	
Pet's Name	Breed	Color	
_____	___Dog ___Cat	___ Male ___Female	___Spayed ___Neutered
Birth Date			

(2) _____

_____	_____	_____	
Pet's Name	Breed	Color	
_____	___Dog ___Cat	___ Male ___Female	___Spayed ___Neutered
Birth Date			

PAYMENT POLICY

Prompt payment for services and products is expected at the time of service. You will receive a treatment plan before any services are performed, which will give you a cost range of the recommended medical treatment plan for your pet. A medical deposit will be required at the time of hospitalization.

Payment is expected when services are rendered. In order to focus on our patients' needs, customer service and minimizing costs, we do not bill. We accept cash, debit cards, and all major credit cards (Visa, Master Card, and American Express). When unexpected illness strikes a pet, unexpected expense strikes as well. We understand this and are able take payments through the CareCredit program. You can either apply at our clinic, where we'll process your application for immediate decision, or you may apply online at: www.CareCredit.com.

Signature of client responsible for pet(s)

Date