

# Best Friend Veterinary Hospital

## Client Information

Last \_\_\_\_\_ First \_\_\_\_\_ Client ID \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_ Spouse/Partner \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile # \_\_\_\_\_  
Employer \_\_\_\_\_ Work # \_\_\_\_\_ Spouse Work# \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
*(Needed for payment by check)*  
Referred By: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## Pet Information

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_  
Spayed/Neutered Yes  No  Birthday \_\_\_\_\_ Color \_\_\_\_\_  
Sex \_\_\_\_\_ Weight \_\_\_\_\_ X-Ray # \_\_\_\_\_ Microchip # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Comments \_\_\_\_\_

## Authorization

I am the owner for the above animal and assume responsibility for all the charges incurred in the care of this animal including any collection and/ or attorney's fees. Unpaid balances will accrue interest at 18% APR and a \$25 fee will be charged for returned checks.

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines (DHLPPC, Rabies, Bordetella, Corona and Giardia for dogs: FVRCP, Fely, and Rabies for cats) and free of internal and external parasites. Please bring proof of vaccinations. If vaccinations cannot be verified, the doctor will provide vaccines and parasite control as needed. The above said owner shall be responsible for these charges. Hospitalization and boarding can be stressful for pets. Pets my experience gastrointestinal upset (vomiting and/or diarrhea) and occasionally hidden medical problems can be exposed, especially in the geriatric patient. I understand that any problem that develops with my pet will be treated as deemed best by the veterinarians and I assume full responsibility for the treatment expense involved.

I understand that payment is due at the time services are rendered and that if needed, a deposit may be required for surgical procedures, emergencies, and hospitalization. For Payment plans please ask about a citi health card. Please ask the doctor or a receptionist for a written estimate.

Owner \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_