

Client Information

Thank you for giving Best Friends Animal Hospital the opportunity to care for your pet(s). In order to serve you, please fill out the following information as completely as possible.

Name _____ Spouse/Other _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ Active/Retired Military

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Best Time to Reach You _____

Spouse/Other Employment _____ Spouse Work Phone _____

How did you become aware of our hospital? Yellow Pages/Google Hospital Sign Facebook

Personal Referral (Whom may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment methods: Cash Check Credit Card (Visa/MasterCard)

I (We), the undersigned, hereby agree to pay all amounts and charges hereafter incurred by members of my family for services rendered by this hospital. Failure to make payment in full at the time that service is received is the basis for legal action. The undersigned agrees to pay all costs of collection including a reasonable fee, and hereby waives his/her rights of exemption under the law of the state of Alabama and any other state.

Date _____ Signature _____

Pet Information

Our pet is: Member of our family Child's Pet Backyard Pet

Pet #	Name	Dog	Cat	Breed	Age/DOB	Color	Sex	Spayed/Neutered	Date of Last Vaccinations/Physical
1.									
2.									
3.									
4.									

Previous medical records may be obtained from: _____

Has your dog/cat been tested for heartworms? Yes No...Date/Results: _____

Is your pet currently on any medication/preventive? If so, what kind? _____

Any known allergies or drug reactions? _____

Describe your pet's normal diet: _____