Bellerose Animal Hospital New Patient Form

Please check one: [ ] New Client [ ] Current Client - New Pet ****OWNERS MUST BE 18 OR OVER****

Owner's Information (Please Print) *Please list the PRIMARY individual responsible for medical decisions for this patient.*

Last Name: _____ First Name: _____ Gender: _____ Date of Birth: _____

Spouse Name: _____ Spouse Phone Number: _____ Driver's license #: _____

Street: _____ Apt:_____

City/State _____ Zip Code: _____

Home Phone( ) _____-_____ Cell Phone ( ) _____-_____

Work Phone ( ) _____-_____Email Address: _____

Employer: _____ Occupation : _____

Secondary Care Provider *Please name any ADDITIONAL individuals authorized to make medical decisions for this patient.*

Last Name: _____ First Name: _____

Gender: _____ Date of Birth: _____ Relationship to primary owner: _____

Home Phone ( ) _____-_____ Cell Phone ( ) _____- _____

How did you first hear of us?

[ ] Bellerose Animal Hospital Website [ ] Google [ ] Yelp
[ ] Facebook [ ] Twitter [ ] Word of mouth [ ] Sign [ ] I was referred by: _____

Pets Health History

Pet's Name_____ Species [ ] Dog [ ]Cat

Breed:_____ Color:_____ Birthday: _____
(IF UNKNOWN, PLEASE APPROXIMATE)

Sex: [ ] M [ ] F Has your pet been spayed/neutered? [ ]Yes [ ]No

Microchip number:_____ Insurance: _____

Does your pet have an ongoing medical condition?: _____

Does your pet: [ ] Go to the dog run/park [ ] Go to the boarding kennel [ ] Go to the groomer

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of visit/release and that a 50% deposit is required for surgical treatment or admittance.

*I also understand that a $3 statement fee will be added to any unpaid balance every month.

*I understand that I am responsible for any charges incurred if this account is placed with a collection agency as a result of non-payment, I understand that the minimum Collection fee is 33.33% of the original bill.

Method of payment: [ ] Cash [ ] Mastercard/Visa [ ] Discover [ ] Care Credit

Signature of owner / agent_____ Date;_____