# Welcome to Beneva Animal Hospital

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

*Please print in all the spaces.*

Client's Name:_____ Spouse/Other Name:_____

Address: _____ City:_____ St: _____ ZIP:_____

Children & Visitors:_____

Home Phone:_____ Cell phone:_____

Employer:_____ Work phone:_____

Spouse/Other employer:_____ Work phone:_____

Email address:_____

How do you prefer us to contact you?_____

At what time (_____) and at what phone number (_____) should we call to talk to you about your pet?

Who should we ask for?_____ Alternative emergency number:_____

- We will gladly prepare a written estimate if you desire. This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.
- In case of extensive medical or surgical procedures, when full payment will be difficult, we take VISA, Mastercard, or can establish a payment arrangement if approved in advance of treatment.
- There will be a $25.00 service charge for any check returned unpaid.

To prevent the spread of infectious disease, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and appropriate charges will be assessed in the discharged invoice.

Signature of Responsible Agent for Pet(s)_____Date_____

How/Why did you select us? (If referred by an established client please list name)_____

**Essential Information for All Pets Owned**

| Dog | Cat | Pet's Name | DOB | SEX M/N,F/S | Description Breed and Color |
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