

Brassfield Animal Hospital, PLLC
3205 Brassfield Rd
Greensboro, NC 27410

Date: ____/____/____

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____)_____ Home Phone: (_____)_____

Work Phone: (_____)_____ Place of Employment: _____

Spouse/Other: _____ Spouse/Other Cell Ph: (_____)_____

Spouse's Work Ph: (_____)_____ Place of Employment: _____

E-mail Address: _____**How did you hear about us?** ☐ Drove By ☐ Internet ☐ Another Hospital _____ ☐ Other _____**Referred By a Friend? Let us know whom to Thank!** _____

	Pet # 1	Pet # 2	Pet # 3
Name			
Breed			
Date of Birth			
Color			
Male / Female			
Spayed / Neutered			

Any previous serious illness or surgeries? _____

Any allergies to vaccines or medications? _____

Is your pet(s) on any special diet or medication? _____

I authorize Brassfield Animal Hospital to use my pet(s) photos for display, advertising, and social media and understand that I will receive no compensation for these photos and their usage; _____

(Signature)

HOSPITAL PAYMENT POLICY

- Payment is required when treatment is performed, and before the patient is discharged.
- NO PARTIAL PAYMENTS are accepted
- A deposit is required for any hospitalized patient.
- For first time visits, NO CHECKS are accepted.
- Until account is established we accept Cash, Visa / MasterCard and also offer Care Credit.

Scanned: _____