



# Bargersville Veterinary Hospital and Wellness Center

## CLIENT INFORMATION

**\*PLEASE FILL OUT ALL INFORMATION COMPLETELY\***

LAST NAME	FIRST NAME	SPOUSE/PARTNER	CELLULAR PHONE	
ADDRESS	CITY		STATE	ZIP CODE
HOME PHONE	EMAIL		EMPLOYER PHONE NUMBER	
EMPLOYER	SPOUSE/PARTNER EMPLOYER		SPOUSE EMPLOYER PH #	
<b><u>FOR SECURITY PURPOSES WE REQUIRE A DRIVERS LICENSE FOR ANY PAYMENT OTHER THEN CASH.</u></b>				<b>DL#</b>

## PATIENT INFORMATION

NAME	BREED	AGE/D.O.B	SEX (CIRCLE ONE)
			Female or Female spayed Male or Male Neutered
SPECIES (CIRCLE ONE)	COLOR	WEIGHT	Who was your previous vet?
Feline      Canine			
Does your pet have any allergies?		Does your pet have any previous illnesses or surgeries?	
Is your pet microchipped?		YES      NO	
Would you like to receive reminders via Email only, Mail only or both Mail and Email?		<b>CIRCLE ONE:</b> Mail      Email      Both	
<b><u>HOW DID YOU HEAR ABOUT OUR CLINIC?</u></b>			

WE WILL GLADLY PREPARE A WRITTEN ESTIMATE IF YOU DESIRE (PLEASE INFORM DR. BAKER OR THE STAFF). **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** IN THE CASE OF EXTENSIVE MEDICAL OR SURGICAL PROCEDURES WHERE FULL PAYMENT MAY BE DIFFICULT AT DISCHARGE, WE ACCEPT VISA AND MASTERCARD. THERE WILL BE A SERVICE CHARGE ON ANY CHECK RETURNED UNPAID.

TO PREVENT THE SPREAD OF DISEASE, ALL HOSPITALIZED PATIENTS MUST BE CURRENT ON ALL VACCINES AND FREE FROM INTERNAL AND EXTERNAL PARASITES. THE SIGNATURE BELOW AUTHORIZES THIS LEVEL OF PREVENTATIVE CARE AND THE APPROPRIATE CHARGES WILL BE ASSESSED IN THE DISCHARGE INVOICE.

**SIGNATURE OF CLIENT RESPONSIBLE FOR PET(S)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DR. BAKER AND HER STAFF WOULD LIKE TO WELCOME YOU TO OUR PRACTICE. THANK YOU FOR SELECTING BARGERSVILLE VETERINARY HOSPITAL AND WELLNESS CENTER FOR YOUR PET'S HEALTH CARE. PLEASE FEEL CONFIDENT THAT WE WILL DO OUR BEST TO PROVIDE YOU WITH FRIENDLY AND EFFECTIVE SERVICE.**