

New Client/Pet Form

Pet Owner or Responsible Parties Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Work Address _____

Spouse or Co-Owner _____ Phone _____

Referred by (we would like to thank them) _____

E-mail address _____ SS# _____ DL# _____

Pet Information

Name _____ Birth Date _____

Species _____ Breed _____

Color _____

Female Spayed YES NO

Male Neutered YES NO

Heartworm/Flea Preventative

Is your pet on heartworm/flea prevention?

YES NO

If yes, which Brand

Date of last administration _____

Vaccination History

Date of last vaccinations _____

Shampoo

Type and frequency of use _____

Nutrition

Dry Brand _____

Wet Brand _____

Table Food YES NO

Microchip Identification #

Please indicate other pets in household

Dogs ___ Cats ___ Birds ___ Reptiles ___

Ferrets ___ Other Pets (please specify)

Dental Care

Do you brush your pet's teeth? YES NO

Date of Last dental cleaning? _____

Medical Records

Previous Veterinarian _____

Please sign here to allow BPMDC to obtain records _____

Medical Conditions

(Allergies, vaccine/drug reactions, etc.)

Payment is expected at the time services are rendered. We are not a lending institution and can not extend credit. For your convenience, we accept cash, check, debit, and all major credit cards.

An examination fee will be charged for all visits to enable the Dr. to determine what diagnostic tests or treatments will be necessary to help your pet. We will be happy to prepare an **estimate** that will include costs of recommended tests and treatments. If finances are a significant concern please let us know up front, so the Dr. can take this into consideration.

Please circle method of payment:

Cash Check Debit Visa Master Card Discover AMX

The undersigned agrees to make payment when services are rendered for today's and all future visits and if payment is not made when due, the undersigned agrees to pay all costs of collection or attempting to collect the payment, including a reasonable attorney's fee, whether the same be collected by a suit or otherwise.

Signature _____ Date _____

2ND PET INFORMATION

Pet Information

Name _____ Birth Date _____

Species _____ Breed _____

Color _____

Female Spayed YES NO

Male Neutered YES NO

Medical Conditions

(allergies, vaccine/drug reactions, heart conditions ect.) _____

Vaccination History

Date of last vaccines _____

Nutrition

Dry Brand _____

Wet Brand _____

Table Food YES NO

Dental Care

Do you brush your pet's teeth? YES NO

Date of Last dental cleaning? _____

Heartworm/Flea Preventative

Is your pet on heartworm and Flea prevention?

YES NO

Brand and date of last dose(s)

Microchip Identification #
