

**BFVH New Client/Pet Information**  
 (Once completed please email to bestfriendvets@comcast.net)

**Client Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Email: \_\_\_\_\_  
(Email is used for vaccine reminders & coupons/Specials ONLY)

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Cell#: \_\_\_\_\_

Driver's License # \_\_\_\_\_ D.O.B \_\_\_\_\_  
(Must provide license # for check writing privileges)

How did you hear about our clinic?

Drove by     Online     Personal referral (whom may we thank?) \_\_\_\_\_

\_\_\_\_\_ I understand that payment is expected at time of service and that in house payment plans are not an option.  
Initial Here

We accept: Cash, Check, Visa, Mastercard, Discover & American Express. We also accept Care Credit & Scratchpay

<b>PET INFO:</b>	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>
<b>Pet Name:</b>			
<b>Species: Dog/Cat</b>	<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> DOG <input type="checkbox"/> CAT
<b>Breed:</b>			
<b>Date of birth/Age:</b>			
<b>Color:</b>			
<b>Sex: Male/Female</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>Spayed/Neutered?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

I am the owner for the above animal and assume responsibility for all of the charges incurred in the care of this animal including any collection and/or attorney's fees. THIS CLINIC DOES NOT DO PAYMENT ARRANGEMENTS; PAYMENT IS EXPECTED AT TIME OF SERVICE. Any unpaid balances will accrue interest at 18% APR and a \$25 fee will be charged for any returned checks. I understand that payment is due at the time of service and that a deposit may be required for surgical procedures, emergencies, and hospitalization. We do offer CARE CREDIT for pet care expenses. If you are interested in Care Credit ask a receptionist for details. I also approve to release my pets medical records to other Veterinarians and or boarding/grooming facilities that may provide care for my pet in the future.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_