

Welcome to Broad River Animal Hospital

"Trust our dedicated staff to provide for all your veterinary needs.
Together we can help your pet enjoy a long, happy and healthy life."

<u>Client Information</u>	<u>Patient Information</u>
Owner's Name _____	Pet's Name _____
D.O.B _____ S.# _____	<input type="radio"/> Dog
Driver's License # _____ (please give D.L to receptionist to photo copy)	<input type="radio"/> Cat
Mailing Address _____	<input type="radio"/> Other _____
City _____ State _____ Zip _____	Male Neutered / Un-neutered (please circle)
Primary Phone# _____	Female Spayed/ Un-spayed (please circle)
Alternate Phone# _____	Breed _____
Email Address _____	Color _____
Employer _____	Date Of Birth or Aprox. _____
How did you hear about us?	Past veterinarian(s) where records may be requested?
<input type="radio"/> Internet Search (Google/Bing/Yahoo)	_____
<input type="radio"/> Website	_____
<input type="radio"/> Facebook/Twitter	_____
<input type="radio"/> Community Event	_____
<input type="radio"/> Referral - Who may we thank? _____	_____
	Does your pet have any drug sensitivities or reactions to vaccines?
	<input type="radio"/> No
	<input type="radio"/> Yes please provide list and records.

	Any issues you would like to discuss with the veterinarian today? _____

We accept: Cash & Check/ Debit Card/All Major Credit Cards/Care Credit

Would you like to keep a credit card on file? C.C.# _____ Exp _____ Sec _____

I hereby authorize Broad River Animal Hospital and it's veterinarians to examine, prescribe for, and treat the above pet and any other pets on my account. I release Broad River Animal Hospital and it's veterinarians from any liability related to any such care. I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and agree to pay for services. I understand that there is a minimum \$25.00 service charge for all returned checks. Any unpaid accounts more than 90 days past due will be sent to a collection agency and 1.5% interest fee on balance.

Signature _____ Date _____