

Welcome!



BRICKELL BAY ANIMAL HOSPITAL



Today's Date:					
Owner's Name: Last:		First:		Spouse/Other:	
Address:			Apt #:	City:	State: Zip Code:
PRIMARY PHONE :		SECONDARY Phone:		OTHER Phone: Other:	
E-Mail Address:				Employer:	
In Case of EMERGENCY , call: Name:				At Phone #:	

How did you become aware of our clinic? _____
 Other: (whom may we thank?) _____

Pet #1	Pet #2	Pet #3
Name:	Name:	Name:
Species / Breed:	Species / Breed:	Species / Breed:
Color:	Color:	Color:
Date of Birth:	Date of Birth:	Date of Birth:
Sex: Spayed/Neutered?	Sex: Spayed/Neutered?	Sex: Spayed/Neutered?
Currently receiving any medication? If yes, what?	Currently receiving any medication? If yes, what?	Currently receiving any medication? If yes, what?
Any known drug allergies? If yes, what?	Any known drug allergies? If yes, what?	Any known drug allergies? If yes, what?

Method of Payment:

Cash Credit Card #: _____ Exp. _____ (NO CHECKS ACCEPTED)

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

HOSPITAL POLICY: This application must be presented with a valid Driver's License, all of your pets' medical records and vaccine history to a receptionist at the front desk.



PLEASE NOTE—WE DO NOT ACCEPT CHECKS.

Acceptable Payment Methods: Cash, MasterCard, Visa, AmEx, Discover, Debit.
 Payment is due in full at the time of service. *Estimates are provided upon request.*

Signature: _____ Date: _____