



**NEW CLIENT & PET INFORMATION**

Owner's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Street Address (Apt #) City State Zip

Home phone \_\_\_\_\_ Cellular/pager \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext # \_\_\_\_\_ May we phone you at work? \_\_\_\_\_

Spouse/Other Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail address \_\_\_\_\_ May we email you? \_\_\_\_\_

How did you hear about us? ☐ Referral \_\_\_\_\_ ☐ Sign/Location ☐ Google ☐ Yelp ☐ Other

**Pet Information**

Pet's name \_\_\_\_\_ Age \_\_\_\_\_ Sex: ☐ male ☐ female ☐ spay ☐ neutered

☐ Dog ☐ Cat | Breed \_\_\_\_\_ | Color \_\_\_\_\_

Current medical problems? \_\_\_\_\_

Current medications \_\_\_\_\_

Previous Veterinarian(s) for past records \_\_\_\_\_

I authorize the release of veterinary information to Beechnut Animal Hospital representatives.

(Initial) \_\_\_\_\_

I, the undersigned, hereby grant permission to Beechnut Animal Hospital to use photographs and/or video of my pet taken at the time of visitations in publications, news releases, online, and in other communications related to the mission of Beechnut Animal Hospital. (Initial) \_\_\_\_\_

I, the undersigned, certify that I am the owner or authorized agent for the owner of above listed pet(s), and accept full financial responsibility. I accept that full payment for services and products is expected at the time my pet is discharged, and agree to pay all charges associated with these treatments according to the policies set forth by the practice.

Signature of owner or responsible party: \_\_\_\_\_

Print Name: \_\_\_\_\_

Office Use:

Scanned in chart and Inputted in Avimark: ☐ Yes

Employee Initials \_\_\_\_\_