



### NEW CLIENT INFORMATION

Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

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

**Additional Authorized Contact Name and Number:** \_\_\_\_\_

You authorize us to speak to this person about your pet's care in the event we cannot reach you.

Email: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

We value your personal information. Your email will be used only for notifications from Bellevue Animal Hospital.

Please complete if you plan on writing checks.

What social media platforms do you use?  Facebook  Twitter  Instagram  LinkedIn  Google +

How did you hear about us?  Family / Friend  Website  Google / Online Search  Driving/Walking by

If you were referred by a client, please tell us who so we can say thank you. \_\_\_\_\_

### NEW PATIENT INFORMATION

Pet's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Dog or  Cat Breed: \_\_\_\_\_

Dog or  Cat Breed: \_\_\_\_\_

Sex:  Male  Neutered or  Female  Spayed

Sex:  Male  Neutered or  Female  Spayed

Color: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_

Color: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_

Previous Health Issues: \_\_\_\_\_

Previous Health Issues: \_\_\_\_\_

Name and number of your pets' previous veterinarian? \_\_\_\_\_

We love social media! We would like your consent to share your pets' image(s) on our social media and website.

Your full name and personal information will never be used.  Yes, please make my pet a star!

No, thank you; my pet is shy

If you must cancel an appointment, we ask for 24 hours' notice. If cancelling a surgical appointment, we ask for 48 hours' notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

Current vaccinations are required by Bellevue Animal Hospital before we may admit any animal for any reason. These measures are taken to protect the well-being of all animals within our hospital.

Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due in full at the time of service. I recognize that financial concerns should be discussed prior to exam and treatment. For your convenience we accept Visa, Mastercard, American Express, cash and checks with proper identification. Please stop at the reception desk to review and pay for services.

I confirm that the above information is correct and that I am the owner or authorized agent of the patient(s) listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_