



B.E.S.T. VETS Animal Hospital New Client Information

(Please print)

Owner Information:

Today's Date: _____

Title: Mr. Mrs. Ms. Dr. Name: _____ Spouse: _____

Mailing Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone(s): _____

Physical Address (if different from mailing): _____

Employer: _____ Occupation: _____

Work Phone: _____ ext. _____ Would you like to receive reminders via e-mail? **YES NO**

E- Mail Address: _____

Who/what referred you to B.E.S.T. VETS Animal Hospital? _____

We require a minimum of 24 hours' notice when canceling your appointment. We reserve the right to charge \$25 for cancelled or no show appointments without 24 hours' prior notice.

All payments must be made at the time of service:

Method preferred: Cash Debit Card MC Visa American Express Discover (Circle one)

*****We do NOT accept checks*****

I, _____, understand the cancellation policy and that payment is

required when services are rendered: _____ (please sign)

Pet Information:

Name: _____ Date of Birth: _____

Age: _____ Sex: (Circle one) **Male Female** Spayed or Neutered? (Circle one) **YES NO** Dog: _____ Cat: _____ Other: _____

Breed: _____ Color: _____ Markings: _____

Date of last vaccines: _____ Other Information: Are your pets currently on heartworm prevention? **YES NO**

Surgical Procedures or Severe Injuries in the past: _____

***** All animals MUST have all immunizations within the past year, and be free of internal and external parasites, before being admitted to the hospital!**