



BELLEVUE ANIMAL HOSPITAL, P.C. New Client/New Patient Form

CLIENT INFORMATION

Date: _____

Owner's Name: _____ Spouse: _____

Address: _____ Apt# _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Email: _____

Owner's Cell Phone: (____) _____ Spouse's Cell Phone: (____) _____

Bellevue Animal Hospital often uses text messaging to communicate more efficiently with our clients. This can include service and appointment reminders, lab test results, patient updates when your pet is hospitalized, and more. Do we have your permission to send you text messages? (Msg and data rates may apply.) **YES** **No, do not text me**

Owner's Employer: _____ Spouse's Employer: _____

Owner's Work Phone: (____) _____ Spouse's Work Phone: (____) _____

Active-Duty Military **Pet Insurance Provider and Your Pet's Policy #** _____

Referred by: Website Facebook Personal Recommendation (Whom may we thank?) _____

By completing this form, you as the owner or authorized agent of the owner, certify that you are at least 18 years of age.

PLEASE NOTE THAT ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate method of payment: Cash Check AMEX/Discover/MC/Visa CareCredit

PET(S) INFORMATION	PET #1	PET #2	PET #3
Name			
Cat <input type="checkbox"/> Dog <input type="checkbox"/> and Breed?			
Birth Date or Age Estimate			
Female or Male; Spayed or Neutered?			
Color and markings			
Microchip number			

Patient History

Any previous *serious* illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

What medications does your pet receive regularly? _____