



Thank you for the opportunity to care for your pet. Please help us meet your needs by taking a moment to share some important information that we will need to better assist you now and in the future.

**Client Information**

Owner \_\_\_\_\_ Spouse/co-owner \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Is this a mobile number? Yes  No  May we text you? Yes  No

Alternate number \_\_\_\_\_

Is this a mobile number? Yes  No  May we text you? Yes  No

Place of Employment and location \_\_\_\_\_

E-mail Address. \_\_\_\_\_

*(By giving your e-mail address, you are allowing us to send information regarding your pet and this practice to this address. You may occasionally receive special offers that we think may interest you, but your address will not be sold to any third parties.)*

**Patient Information**

Pet's Name \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? Yes  No  Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_

Significant Medical History \_\_\_\_\_

Who can we thank for referring you to our hospital?

Website (please specify) \_\_\_\_\_ Newspaper/Magazine \_\_\_\_\_ Event (please specify) \_\_\_\_\_

A Friend (please specify) \_\_\_\_\_ Other (please specify) \_\_\_\_\_ Drive By/Sign

PHOTO CONSENT: We love social media! Do we have your permission to share your pet(s) image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

Yes. I authorize BHCH to share my pet's photo & story.

MEDICAL RECORDS CONSENT: In the course of treatment, we may need to share your pet's medical history and/or your contact information with referring veterinarians, specialists, pharmacies and/or insurance companies. Your personal information will never be compromised and will only be shared when related to the treatment of your pet. If you would like for us to share your information with anyone other than who listed above, we will ask you to provide written permission to provide this information.

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 time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The BHCH staff is happy to provide estimates.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_