

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 Brier Veterinary 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: _____

Dog or Cat Breed: _____

Sex: Male Neutered or Female Spayed

Color: _____ Birthday/Age: _____

What food does your pet eat? _____

Previous Health Issues: _____

Pet's Name: _____

Dog or Cat Breed: _____

Sex: Male Neutered or Female Spayed

Color: _____ Birthday/Age: _____

What food does your pet eat? _____

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 Brier Veterinary 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 all major credit cards, cash and checks with proper identification. We also accept CareCredit.

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: