



# WELCOME

TO THE

## BROOKFIELD ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. In order to provide the best service for you and your pet, please take the time to fill in this form completely. Thank you!

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ E-MAIL \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Telephone \_\_\_\_\_

Spouse's/Co-Owner's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Spouse's Work \_\_\_\_\_

Telephone \_\_\_\_\_

How did you learn of our clinic? \_\_\_\_\_

Yellow Pages \_\_\_\_\_

Recommendation \_\_\_\_\_

if so, name of individual we may thank \_\_\_\_\_

Other \_\_\_\_\_

Name of Pet \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: Male \_\_\_\_\_ Male Neutered \_\_\_\_\_

Female \_\_\_\_\_ Female Spayed \_\_\_\_\_

Does your pet have any current or prior health problems? If so please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your pet currently on any medications? If so please list \_\_\_\_\_

\_\_\_\_\_

Previous veterinarian(s) where past records could be obtained if necessary \_\_\_\_\_

\_\_\_\_\_

Number of other pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization.

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

If you wish to pay by check or credit card, please complete the following:

Type of Credit Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_