



Welcome to Bent Tree Animal Hospital!

We are delighted to welcome you to our hospital!

Please take a few minutes to fill out this form as completely as you can. If you have any questions, we will be glad to assist you. We look forward to helping you keep your pet healthy and happy!



Client Information	Pet Owner's Full Name _____
	Spouse/Other's Full Name _____
Address _____	
City _____	State _____ Zip _____
Home Phone _____	Cell Phone _____
Work Phone _____	Spouse Cell Phone _____
Spouse Work Phone _____	Email _____
Primary Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Owner's Cell <input type="checkbox"/> Owner's Work <input type="checkbox"/> Spouse's Cell <input type="checkbox"/> Spouse's Work	
Preferred method of contact for reminders, prescription pickup, appointment confirmations <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Phone	

How did you choose our hospital? Please check:

- Outdoor sign/location Internet Online Reviews Advertisement
- Personal Recommendation: Who may we thank? _____
- Referred by other veterinarian: Who? _____

Pet Information	Pet's Name _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
	Breed _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	Microchip ID: <input type="checkbox"/> Yes <input type="checkbox"/> No
Color _____		Birthdate (mm/yy) _____	Weight _____
Pet Insurance: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		Previous Veterinarian: _____	
Previous Vet's Phone Number: _____		Previous Vet's City/State: _____	
Does your pet have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____			
Is your pet presently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____			
Has your pet had any medical/surgical problems or procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____			

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Has your pet had any medical/surgical problems or procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____			

My pet(s) may be released to the above listed persons only. _____ INITIAL

My pet(s) may be released to the above listed persons and the following persons: _____ INITIAL

Name#1 _____

Name #2 _____

Name#3 _____

It is our policy to provide you with an estimate of charges for a case where in-hospital treatment, surgery, or hospitalization will be provided. A deposit prior to treatment may be required depending on the estimate. You, the client, assume full financial responsibility and agree to pay in full when services are rendered or upon discharge of the patient.

Bent Tree Animal Hospital has my permission to give out vaccination information to kennels, groomers, city facility or other facilities calling to verify vaccination information for my pets. Full transfer of records will not occur without owner consent.

Date: _____ Signature of Owner or Authorized Agent: _____