

WELCOME TO BLUE CROSS VETERINARY CLINIC

CLIENT INFORMATION

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Date: _____

Owner: _____

Home Phone: () _____

Address: _____

City: _____

State: _____ Zip: _____

Employer: _____

Cell Phone: () _____

Occupation: _____

Email: _____

Spouse's Name: _____

Cell Phone: () _____

How did you become aware of our clinic? ☐ Yellow Pages ☐ Drove By ☐ Internet ☐ I am a current client

☐ Client Referral - Who may we thank? _____

PET INFORMATION - PLEASE FILL OUT ONE SHEET PER PET

☐ Cat

☐ Male

☐ Female

☐ Dog

☐ Neutered

☐ Spayed

Pet's Name: _____ Age/DOB: _____

Breed: _____ Color: _____

How long have you had this pet? _____

Date of last vaccinations: _____ Last Veterinary Visit: _____

Previous veterinarian or hospital: _____

For what problem: _____

Is your pet currently on medication? ☐ Yes ☐ No If yes, please list: _____

What are you currently feeding your pet? (please be specific) _____

How much and how often are you feeding? _____

Reason for this visit? _____

Blue Cross veterinary clinic does not have staff on the premises for 24-hour care. There will be a \$35.00 fee for all checks returned by the bank. I hereby acknowledge Blue Cross Veterinary Clinic does not bill, and that payment in full is expected at the time of service. We accept cash, personal checks (with a valid driver's license), Visa, Mastercard, Discover and American Express. We DO NOT accept business checks. All unpaid accounts are subject to all court, collection and legal fees incurred during the collection process. By signing below, I acknowledge that I have read and understand the above policy.

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SIGNATURE OF OWNER/AGENT

DATE