

New Client/Patient Form

Client Information

First and Last Name: _____
Mailing Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____
Phone Numbers – Home: _____ Cell: _____ Work: _____
E-mail Address: _____

You will receive email reminders instead of post cards. Your email is kept strictly confidential. It allows you to access your private Pet Portal through our website and allows us to email your pet's reminder and newsletters to you.

Spouse/Partner First and Last Name: _____
Phone Numbers-Home: _____ Cell: _____ Work: _____
E-mail Address: _____

How did you find out about us? _____

Pet Information

Name: _____ Dog: _____ Cat: _____ Birth Date (or approx. age): _____
Breed: _____ Color: _____ Male: _____ Female: _____
Spayed/Neutered? Yes: _____ No: _____ Microchipped? Yes: _____ No: _____
Previous Animal Hospital: _____

Name: _____ Dog: _____ Cat: _____ Birth Date (or approx. age): _____
Breed: _____ Color: _____ Male: _____ Female: _____
Spayed/Neutered? Yes: _____ No: _____ Microchipped? Yes: _____ No: _____
Previous Animal Hospital: _____

Permission to Use Pet Photographs

From time to time we need to take photographs of your pet(s) for their medical records; however, we also like to show off how adorable they are on our Facebook, Instagram and/or website.

I grant Bull City Veterinary Hospital, its representatives and employees the right to take photographs of me, my pet(s) and my property (*in connection with the photographs*). I authorize Bull City Veterinary Hospital, its assigns and transferees to copyright, use and publish in print and/or electronically said photographs and agree that such photographs may be used to any lawful purposes, including use for publicity, illustration, advertising and web content.

I CONSENT to have photographs taken _____ (initial) I DECLINE _____ (initial)

Pay is due at the time services are provided. Deposits may be required for pet admitted to the hospital. For your convenience we accept cash, check, Visa, Mastercard, Discover, American Express and Care Credit.

I certify that the above information is correct and that I will be financially responsible for all balances.

Signature

Date

Thank you for choosing Bull City Veterinary Hospital to care for your pet(s)!