

NEW PATIENT & CLIENT INFORMATION

Welcome to Briarwood Animal Hospital. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye.

CLIENT INFORMATION

First name _____ Last name _____

Spouse first name _____ Spouse last name _____ County _____

Address _____

City _____

State _____ Zip _____ Home phone (____) _____ Cell

(____) _____ Spouse cell (____) _____ E-mail address _____

PATIENT INFORMATION (Additional Pet Information on reverse side)

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Species: Dog Cat Pet's Date of Birth ____/____/____, or Age ____ Breed/

Color: _____

Previous Veterinarian, if any: _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Describe any known vaccine reactions/medical issues: _____

How did you find out about our practice? (Check any that apply. If you were referred by a current client, tell us who so we can thank them!)

___ Referred by: _____

___ Location/Sign

___ Google/Internet Search

___ Facebook

___ Internet Review Site (Angie's List, Yelp)

___ Other: _____

Which social media platforms do you use? (Check any that apply.)

___ Facebook ___ Twitter ___ Pinterest ___ Instagram

___ LinkedIn ___ Google Plus ___ Snapchat ___ Vine

PHOTO CONSENT: We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal

information will never be shared. Simply check below to authorize this:

Yes. I authorize BAH to share my pet's photo & story.

No. I do not authorize this.

Authorization for examination, treatment, and assumption of financial responsibility:

I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal.

I also understand that payment is always due **IN FULL** at time of service or paid at the time of release and that a deposit may be required for critical cases/surgical treatment. I recognize that financial concerns should be discussed **PRIOR** to exam & treatment. The BAH staff is happy to provide estimates.

For your convenience, we accept cash, check, MasterCard, Discover, and American Express. We also accept Care Credit pet financing, please ask a receptionist for details.

Owner/Agent Signature: _____ Date: _____

Staff initials _____

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