

## WELCOME TO BRENTWOOD VETERINARY HOSPITAL

Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. PLEASE PRINT IN ALL SPACES.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/Other Cell Phone: \_\_\_\_\_ Spouse/Other Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

How did you hear about us?(circle one)    Yellow Pages    Sign    Friend/Relative    Our Website    Internet    Other

If recommended, who can we thank? \_\_\_\_\_

Please list all individuals authorized to request treatment for your pet(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

If your pet requires medication at home, you or your family may be handling certain medicines. Are you or any member of your family allergic to any medications? YES NO

Please List: \_\_\_\_\_

The State Board of Veterinary Examiners requires that owners of animals to be hospitalized be notified and understand that this facility does not have 24 hour nursing staff. Therefore, if your pet is hospitalized overnight, there will be periods of time when he/she will not be under direct supervision. Please feel free to inquire about our hospital policies.

**At Brentwood Veterinary Hospital we strive to be as environmentally friendly as possible. We often find communication via email to be as or more effective than standard mail. Please provide us your email address so that we may send you important health information regarding your pet, as well as updates regarding our hospital throughout the year. Be confident that we will keep your email address private, just as we do the rest of your account information.**

**E-mail address:** \_\_\_\_\_

**PET INFORMATION:**

Pet's Names	Cat	Dog	Other	Birthdate	Sex	Neutered	Breed	Color

I hereby authorize the veterinarians at Brentwood Veterinary Hospital to examine, prescribe for, and treat the above described pets. Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered and medications, goods and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. I further understand that payment is required at the time services are rendered and that Brentwood Veterinary Hospital does not offer payment plans.

By my signature below, I hereby agree to all of the above.

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