



# Welcome!

We are pleased to welcome you to Blue Cross Veterinary Hospital. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to answer them for you. We look forward to working with you in maintaining your pet's health.

## Client Information

#1-Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Ms • Mrs • Mr • Dr.  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary # \_\_\_\_\_  Home  Cell Secondary # \_\_\_\_\_  Home  Cell  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business # \_\_\_\_\_  
Driver License # \_\_\_\_\_ Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_

#2-Co-owner Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Ms • Mrs • Mr • Dr  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary # \_\_\_\_\_  Home  Cell Secondary # \_\_\_\_\_  Home  Cell  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
Driver License # \_\_\_\_\_ Birth date \_\_\_\_\_ E-Mail \_\_\_\_\_

**IF (BOTH OF) YOU ARE UNREACHABLE, WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY?**

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

## How did you learn about our practice? We would like to thank whoever referred you!

## Pet Information

Pet's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_  
Dog Cat Other \_\_\_\_\_ Dog Cat Other \_\_\_\_\_  
Breed \_\_\_\_\_ Breed \_\_\_\_\_  
Color \_\_\_\_\_ Age/DOB \_\_\_\_\_ Color \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Sex: M F Neutered/Spayed: Y N Sex: M F Neutered/Spayed: Y N

## Payment

All professional fees are due at the time services are rendered. **Unfortunately, no payment plans or billing is available.** For your convenience we accept all major credit cards, ATM, cash, and checks. **A deposit is required on all hospitalized patients, new clients, and any pet dropped off. The balance will be due upon discharge.** There will be a service charge for any check returned unpaid. If fees are not paid, a collection surcharge of 15% of the total bill or \$50.00 minimum whichever is greater, will be added. **If you wish to have your credit card on file for services rendered, please fill out below.** I understand that I will be notified before the use of my credit card.

**CC#** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

I am responsible for making medical and financial decisions for the pet (s) listed in my file. I authorize the Blue Cross Veterinary Hospital medical staff and doctors to prescribe, diagnose, and treat my pet (s) as medically necessary. Additionally, if a picture of my pet is taken, I authorize his/her image be posted to the Blue Cross Veterinary Hospital website and/or their social media outlets.

#1-Signature \_\_\_\_\_ Date \_\_\_\_\_

#2-Signature \_\_\_\_\_ Date \_\_\_\_\_