



Welcome to the Blue Cross Family!

Client Information

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

Yelp Google Facebook Word of Mouth/Other (their name): _____

#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)** _____

Pet Information

Pet's Name _____

Dog Cat Other _____

Breed _____

Color _____ Age/DOB _____

Sex: M F Neutered/Spayed: Y N

Pet's Name _____

Dog Cat Other _____

Breed _____

Color _____ Age/DOB _____

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, and checks are not authorized on your first visit.** 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.

I am responsible for making medical and financial decisions for the pet(s) listed in my file. I authorize the Blue Cross Veterinary Hospital's 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 or in their office.

#1-Signature _____ Date _____

#2-Signature _____ Date _____