

**BEVERLY OAKS ANIMAL HOSPITAL  
NEW CLIENT INFORMATION**

**Please Print**

Date: \_\_\_\_\_

Owner's Name \_\_\_\_\_

Spouse/Other \_\_\_\_\_

Driver's License#: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

**Owner's**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**In case of EMERGENCY, call \_\_\_\_\_ at phone # \_\_\_\_\_**

How did you become aware of our clinic:  Hospital Sign  Yellow Pages  Vet Locator  Website

Other, please specify \_\_\_\_\_

**Pet Information:**

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  Male  Neutered?  Yes  No

Female  Spayed?  Yes  No

Other Pets Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Name of Previous/Current Vet: \_\_\_\_\_

Is your pet currently receiving any medication?  Yes  No What? \_\_\_\_\_

Does your pet have any known drug allergies?  Yes  No What? \_\_\_\_\_

**ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES**

Method of payment:  Cash  Credit Card

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribed for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_