



Thank you for giving us this opportunity to care for your pet! So we may become better acquainted and ensure the best care possible, please take the time to fill out this form completely.

Please either fill this form out online and e-mail to bbah@brazosbend.vet OR print and fill out a paper copy and bring with you at your first appointment. Note: If you are filling out online, please leave signature and date blank and we will have a printed copy for you to sign when you come in. Thank you!

Client Information

Primary Owner: _____ Spouse/Co-Parent: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Check here if you would like to receive our newsletter with monthly promotions and important information regarding how to keep your pets safe and healthy!

Best way to contact you? Cell Phone E-mail Home Phone (Can we text you? Yes / No)

Spouse/Co-Parent Cell Phone: _____ Spouse/Co-Parent E-mail: _____

How did you hear about our clinic? Referral (please fill in a name) _____

- Website Facebook Yelp Google+ Internet
- Drive By/Sign Coupon Other Clinic EC Clinic Yellow Pages
- School Folder Absolutely! Brazos New Territory HOA Pecan Grove HOA
- Other Advertisement: _____

Pet Information

1. Pet's Name: _____ Dog Cat Breed: _____

Age or DOB: _____ Color: _____ Female Spayed Male Neutered

Previous Clinic/Doctor: _____ Previous Clinic Phone: _____

2. Pet's Name: _____ Dog Cat Breed: _____

Age or DOB: _____ Color: _____ Female Spayed Male Neutered

Previous Clinic/Doctor: _____ Previous Clinic Phone: _____

More on Next Page ->

3. Pet's Name: _____ Dog Cat Breed: _____

Age or DOB: _____ Color: _____ Female Spayed Male Neutered

Previous Clinic/Doctor: _____ Previous Clinic Phone: _____

4. Pet's Name: _____ Dog Cat Breed: _____

Age or DOB: _____ Color: _____ Female Spayed Male Neutered

Previous Clinic/Doctor: _____ Previous Clinic Phone: _____

Authorization

I hereby authorize the veterinarian(s) to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of these pets and understand that payment is due at the time that services are rendered. In some cases a deposit may be required in advance for treatment. In the event of a returned check, a service fee of \$25 will be applied to my account.

Accepted forms of payment: Cash, Check, Debit, VISA, Mastercard, AMEX, DISCOVER, Care Credit, Apply Pay, Android Pay

Authorization Signature: _____ Date: _____

Brazos Bend Animal Hospital may wish to take a picture of your pet for Facebook, Advertising, or Website purposes. Do you consent to allowing your pet(s) photograph be taken and posted?

Yes _____ No _____
(Initials) (Initials)