

Welcome To
Berclair Animal Hospital

Client Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Other Cell: _____

Email: _____

Pet Information:

	Pet 1:	Pet 2:	Pet 3:	Pet 4:
Name:				
Breed:				
Sex:	Male / Female	Male / Female	Male / Female	Male / Female
Spayed/Neutered:	Yes / No	Yes / No	Yes / No	Yes / No
Birthdate/Age:				
Color:				
Allergies:				
Current Medications:				

When and where were the most recent vaccinations given?

Please provide the receptionist with previous medical records if present. Depending on the extent of treatment needed, the final cost of treatment is subject to change.

Unfortunately, we cannot always determine the exact cost of treatment based on initial examination. By signing below, I verify that all information provided is accurate and authorizes preventative care/ or medical treatment necessary for my pet. By initialing here _____, I also grant Berclair Animal Hospital permission to post my pet's picture, story and/or medical information on any form of social media.

Payment in full is due at the time that services are rendered.

By signing below, I agree, understand, and approve of the terms of stated polices.

Client Signature: _____ **Date:** _____