

RECEPTIONIST INITIALS _____

DATE _____

CLIENT # _____

PATIENT/CLIENT INFORMATION

Welcome to BAKERSFIELD VETERINARY HOSPITAL. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

* Must Be Filled In

*Your Name/Title _____ Spouse/Partner _____

*Address _____ *City _____ *Zip _____

*Cell Phone # _____ Home Phone # _____ Spouse Phone # _____

Your Email Address _____

Your Employer Name and Address & Phone # _____

*Driver's License # _____ *State _____ *Expiration Date _____

*Last 4 Digits of Social Security Number _____ *Date of Birth _____ Emergency Contact # _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign _____ Yelp _____ Google _____ Facebook _____

Hospital Referral _____ Client _____ Other _____

PATIENT INFORMATION (please fill out for new patients only)

	PET#1	PET#2
Name		
Breed		
Description/Color		
Date of Birth		
Sex/Altered?		
Previous Hospital/Vet		
Previous Illness/Surgeries		
Allergies to Vaccinations/Medications		
Special Diet/Medications		
Microchip #		

- PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.
- 50% DEPOSIT IS REQUIRED FOR PETS BEING ADMITTED INTO THE HOSPITAL.

We accept cash, checks drawn from a local bank, VISA, MasterCard, Discover Card, American Express & CareCredit

SIGNATURE _____ DATE _____