



Welcome!

We are pleased to welcome you to Blue Cross Veterinary Hospital. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to answer them for you. We look forward to working with you in maintaining your pet's health.

Client Information

#1-Last Name _____ First Name _____ Ms. • Mrs. • Mr. • Dr.
Address _____ email: _____
City _____ State _____ Zip _____
Primary # _____ Home Cell Secondary # _____ Home Cell
Occupation _____ Employer _____ Business # _____
Soc. Sec. # _____ Driver License # _____ Birth date _____

#2-Co-owner Last Name _____ First Name _____ Ms. • Mrs. • Mr. • Dr
Address _____ email: _____
City _____ State _____ Zip _____
Primary # _____ Home Cell Secondary # _____ Home Cell
Occupation _____ Employer _____ Business# _____
Soc. Sec. # _____ Driver License # _____ Birth date _____

IF YOU ARE UNREACHABLE, WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY? _____

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

Yellow Pages: Verizon AT&T Gay & Lesbian
Grooming/Kenneling: You Dirty Dog Belmont Pets Pet Set Mar Mel Inn Other _____
Animal Hospital: Belmont Heights Belmont Shore Family Vet Signal Hill Other _____
Blue Cross Vet Hosp Client: First Name _____ Last Name _____
Internet: Website Superpages.com Other _____

Pet Information

Pet's Name _____ Pet's Name _____
Dog Cat Other _____ Dog Cat Other _____
Breed _____ Breed _____
Color _____ Sex: M F Color _____ Sex: M F
Neutered/Spayed: Y N Age/Birthdate _____ Neutered/Spayed: Y N Age/Birthdate _____

Payment

All professional fees are due at the time services are rendered. **Unfortunately, no payment plans or billing is available.** 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. **If you wish to have your credit card on file for services rendered, please fill out below.** I understand that I will be notified before the use of my credit card.

#1-CC# _____ Exp _____ # on back of card _____

#2-CC# _____ Exp _____ # on back of card _____

I am responsible for making medical and financial decisions for the pet (s) listed in my file. I authorize the Blue Cross Veterinary Hospital medical staff and doctors to prescribe, diagnose, and treat my pet (s) as medically necessary.

#1-Signature _____ Date _____

#2-Signature _____ Date _____