

Bridge Veterinary Hospital

Today's Date:	Client Number:	
PATIENT INFORMATION (please give any of pets prior records to the receptionist)		
Pets Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Approximate Date of Birth:	Color:	Breed:
Previous Veterinarian(s):		
Please tell us the reason for your visit today:		
IS this pet insured? <input type="checkbox"/> No <input type="checkbox"/> Yes Insurance Provider: <input type="checkbox"/> Pet Plan <input type="checkbox"/> TruPanion <input type="checkbox"/> Other _____		
Other pets in your household?		
OWNER INFORMATION		
Owner Name:		
Address:	City:	State:
Zip:		
E-mail:		
Home Phone # :	Cell Phone # :	
How did you first hear of us:		
<input type="checkbox"/> Internet/Online <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Referral <input type="checkbox"/> Groomer <input type="checkbox"/> Event _____ <input type="checkbox"/> Another Veterinarian _____		
If referred to us by a specific client, who do we reward for this referral? _____		
<u>INFORMED CONSENT</u>		

I certify that I am 18 years of age and older and that I am legally and financially responsible for the treatment received at Ocean County Veterinary Group. I will assume responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED OR BOARDED PET. If full payment is not made as required, Ocean County Veterinary Hospital has my permission to obtain credit information from an authorized agency to assess my credit worthiness and/or to aid in collection.

How will you be paying for your veterinary services today? Cash Check Credit Care Credit iCare

Signature: _____ Date: _____

Reviewed _____