

# Bar N Veterinary Clinic

## Owner Information

*PLEASE PRINT AND FILL OUT COMPLETELY! IT IS IMPORTANT TO YOUR PET'S HEALTH.*

Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both
Pet's Name			
Breed			
Date of Birth			
Color			
Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last vaccinations			
Hospital name where last vaccinated			
Special Diets or Meds			
Previous Illness/Surgery			

How did you become aware of our practice?  Dr. Referral  Personal Recommendation  Sign  
 Yellow Pages  Other \_\_\_\_\_  
 Referral, by whom? Name \_\_\_\_\_ If Dr., clinic name & phone \_\_\_\_\_  
(Who may we thank for referring you?)

Things you want us to know about your pet(s) \_\_\_\_\_

**Financial Policy**

In order to maintain our high quality of veterinary care while keeping our costs under control,  
**ALL FEES ARE DUE UPON COMPLETION OF SERVICES.**

Please indicate your choice of payment: Cash Check Visa MC Discover American Express

I authorize this veterinary hospital to acquire any medical or surgical records from my previous veterinarian and/or send copies of any medical or surgical records to any veterinarian, boarding facility, and/or pet grooming shop as requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

At your request, we will gladly provide you with a written estimate of fees before care is provided.