

**BRAELINN ANIMAL HOSPITAL**  
**CLIENT/PATIENT INFORMATION**

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Beeper/Pager/Other #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

In Case of an emergency, please call: \_\_\_\_\_

Nearest relative and phone number: \_\_\_\_\_

Referrals are the greatest compliment our hospital can receive. We would like to acknowledge and thank those who refer new clients to us. Please help us do so by completing the following.

**How did you hear of our hospital?**

- Individual, Someone We May Thank? \_\_\_\_\_
- Yellow Pages, or another telephone directory?
- Hospital Sign?
- An Organization? If so, which one? \_\_\_\_\_
- Other? Please state \_\_\_\_\_

***To help prevent the spread of infectious diseases, ALL hospitalized and boarded pets must be current on all vaccinations and free of internal and external parasites. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL PETS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations will be updated at the time of hospitalization or boarding if they are not current. I also authorize the doctor to provide parasite control as needed for my pet.***

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at the time services are rendered. If you wish to pay by check or credit card, please complete the following.

Preferred Method of Payment:  Cash  Check  Credit Card

Driver's License #: \_\_\_\_\_

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform procedures/surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. **I understand that a service fee of \$20 will be assessed for each non-sufficient funds check.**

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

**PET INFORMATION**

**Pet #1:**

**Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Sex: Female/Male** \_\_\_\_\_ **Spayed / Neutered** \_\_\_\_\_

**Birthday/Age:** \_\_\_\_\_

**Color/Description:** \_\_\_\_\_

**Date of Last Vaccines:** \_\_\_\_\_

**Hospital Where Given:** \_\_\_\_\_

**Prior Illnesses/Surgeries:** \_\_\_\_\_

**Do You Consider Your Pet Part of Your Family?** \_\_\_\_\_

**Reason for Today's Visit:** \_\_\_\_\_

**Do we have your permission to request a transfer of records?** \_\_\_\_\_

**Pet #2:**

**Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Sex: Female/Male** \_\_\_\_\_ **Spayed/Neutered** \_\_\_\_\_

**Birthday/Age:** \_\_\_\_\_

**Color/Description:** \_\_\_\_\_

**Date of Last Vaccines:** \_\_\_\_\_

**Hospital Where Given:** \_\_\_\_\_

**Prior Illnesses/Surgeries:** \_\_\_\_\_

**Do You Consider Your Pet Part of Your Family?** \_\_\_\_\_

**Reason for Today's Visit:** \_\_\_\_\_

**Do we have your permission to request a transfer of records?** \_\_\_\_\_

**\*\*If you have additional pets and would like to fill out information for them at this time, please let the receptionist know. Thank You.**