



NEW CLIENT REGISTRATION

Welcome to Bridgemill Animal Hospital!

Are you the: Owner _____ Co-Owner: _____ Responsible Party: _____

Owner Information:

Name: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Co-Owner or Responsible Party Information:

Name: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

How did you hear about us? _____

Is there someone we can thank for your referral? _____

Tell us about your pet(s):

Pet's Name: _____ Dog ___ Cat ___ Other ___

DOB or approx age: _____ Breed: _____ Male ___ Female ___ Spayed or Neutered? ___

Does your pet have any allergies? If yes, please list: _____

Has your pet ever had a reaction to any vaccines? If yes, please list if known: _____

Is your pet currently taking any medications? Please list: _____

May we have permission to take your pet's picture and use it and your pet's story on social media?

Yes, you have my permission _____ No, please do not use my pet's picture/story _____

I ASSUME ALL RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT ALL CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT.

Owner or responsible party signature: _____ Date: _____

Additional Pet Information:

Pet's Name: _____ Dog ___ Cat ___ Other ___

DOB or approx age: _____ Breed: _____ Male ___ Female ___ Spayed or Neutered? ___

Does your pet have any allergies? If yes, please list: _____

Has your pet ever had a reaction to any vaccines? If yes, please list if known: _____

Is your pet currently taking any medications? Please list: _____

Pet's Name: _____ Dog ___ Cat ___ Other ___

DOB or approx age: _____ Breed: _____ Male ___ Female ___ Spayed or Neutered? ___

Does your pet have any allergies? If yes, please list: _____

Has your pet ever had a reaction to any vaccines? If yes, please list: _____

Is your pet currently taking any medications? Please list: _____

Pet's Name: _____ Dog ___ Cat ___ Other ___

DOB or approx age: _____ Breed: _____ Male ___ Female ___ Spayed or Neutered? ___

Does your pet have any allergies? If yes, please list: _____

Has your pet ever had a reaction to any vaccines? If yes, please list if known: _____

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Pet's Name: _____ Dog ___ Cat ___ Other ___

DOB or approx age: _____ Breed: _____ Male ___ Female ___ Spayed or Neutered? ___

Does your pet have any allergies? If yes, please list: _____

Has your pet ever had a reaction to any vaccines? If yes, please list if known: _____

Is your pet currently taking any medications? Please list: _____