

# NEW CLIENT/PET FORM



Welcome to Brighton Veterinary Hospital. By completing this form we will have the information needed to provide you and your loving pet with our utmost care. We look forward to a lifetime of service, and thank you for choosing our hospital. - Dr. Keith Hedges and Associates

## CLIENT INFORMATION

Today's Date \_\_\_\_\_

Name ( Mr.  Mrs.  Miss.  Dr.) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_  
Home Cell Work

Employer \_\_\_\_\_ May we contact you at work?  Yes  No

Spouses Name \_\_\_\_\_ Spouses Work Phone \_\_\_\_\_

How did you find us:  Friend or Relative (their name) \_\_\_\_\_  
(check all that apply)  Website  Facebook  Twitter  Google  Yelp  Dex  
 Other \_\_\_\_\_

## PET INFORMATION

Pets Name \_\_\_\_\_ Date / year of pets birth \_\_\_\_\_

Species:  Dog  Cat  Bird  Other Gender:  Male  Female Neutered:  Yes  No Spayed:  Yes  No

Breed \_\_\_\_\_ Color \_\_\_\_\_

## CANINE HISTORY | date of last:

Rabies Vaccination \_\_\_\_\_ Distemper Hepatitis \_\_\_\_\_ Parvo Vaccination \_\_\_\_\_  
Corona Vaccination \_\_\_\_\_ Fecal Examination \_\_\_\_\_ Heart Worm \_\_\_\_\_

## FELINE HISTORY | date of last:

Rabies Vaccination \_\_\_\_\_ Feline Distemper & Resp Vaccination \_\_\_\_\_  
Leukemia Test \_\_\_\_\_ Fecal Examination \_\_\_\_\_

## PREVIOUS VETERINARIAN(S)

Where could records be obtained if necessary? \_\_\_\_\_

What conditions (if any) are presently being treated by another veterinarian? \_\_\_\_\_

Approximate date of last visit \_\_\_\_\_

Additional comments \_\_\_\_\_

**PLEASE NOTICE: PAYMENT IS DUE UPON SERVICE.  
UNPAID BILLS WILL BE SENT TO COLLECTIONS AND ARE SUBJECT TO ADDITIONAL FEES.  
WE DO NOT SEND OUT STATEMENTS.**

Form of payment:  Cash  Credit Card  Care Credit (ask a technician for details)

Signature \_\_\_\_\_