



## Pet Registration and History

### CLIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Phone Numbers: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Spouse) \_\_\_\_\_

### REFERRAL

How did you find us? Please Check one: ( ☐ Online Search ) ( ☐ Driving By ) ( ☐ Website ) ( ☐ Facebook )

( ☐ ) Client Referral: Who can we thank? \_\_\_\_\_

### PET INFORMATION

Pet Name: \_\_\_\_\_ Species: Dog / Cat / Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Male / Female      Neutered / Spayed? Y / N      Microchipped? Y / N

Has this pet ever received care at another clinic? If so, where? \_\_\_\_\_

### METHOD OF PAYMENT

*Checks only acceptable after a 2 year payment history*

( ☐ Cash ) ( ☐ VISA ) ( ☐ Master Card ) ( ☐ Discover Card ) ( ☐ Care Credit\* ) \*CareCredit is a \$200 minimum

### AUTHORIZATION

I hereby authorize Dr. Sudha Komma DVM and/or the staff of Bedford Veterinary Medical Center to examine, prescribe for, treat or care for the above described pet. I clarify that I am at least 18 years of age and assume responsibility for all charges incurred in the care of this patient. I also understand that these charges must be paid at the time of release and that a deposit may be required for surgical and/or extended treatment(s).

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_