

# BLUE RIDGE ANIMAL HOSPITAL



Blue Ridge Animal Hospital is a full service companion animal clinic serving the health care needs of the dogs and cats. Our goal is to not only provide unparalleled patient care and exceptional client service, but to do so in a way that demonstrates the genuine concern we have for the people and pets in our community.

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

PLACE OF WORK: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

SPOUSE'S CELL: \_\_\_\_\_

## Pet Information

<u>Pet Name</u>	<u>Species</u>	<u>Breed</u>	<u>Color</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Spayed/ Neutered</u>
	Dog/Cat				M/F	Y/N
	Dog/Cat				M/F	Y/N
	Dog/Cat				M/F	Y/N
	Dog/Cat				M/F	Y/N

## Medical History

Where were your pet's last vaccinations given? \_\_\_\_\_

Date of Vaccines: \_\_\_\_\_ Phone Number of Clinic: \_\_\_\_\_

Is your pet on monthly heartworm and/or flea prevention? Y / N What kind? \_\_\_\_\_

Does your pet have any allergies to vaccines, medication or food? \_\_\_\_\_

Has your pet had any surgeries or serious illnesses that the doctor should be aware of? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges will be paid in full at the time of release and that a deposit may be required for treatment.

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

Method of Payment Today:  Cash  Credit (American Express, Discover, MasterCard, Visa)  CareCredit  Debit

\*\*\*We do not accept checks from new clients on their first visit to our office.\*\*\* Thank you for understanding.