

WELCOME TO BELLS FERRY VETERINARY HOSPITAL

OWNER'S INFORMATION

1. DATE _____
2. HAVE YOU BROUGHT PETS HERE BEFORE? YES NO
3. OWNER'S NAME: _____
4. OWNER'S ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
5. PHONE NUMBER (S) HOME: (____) _____ WORK: (____) _____
CELL: (____) _____ SPOUSE'S WORK: (____) _____ FAX: (____) _____
6. **E-MAIL ADDRESS:** _____ (WE DO NOT SELL OR DISTRIBUTE YOUR INFORMATION)
7. PLACE OF EMPLOYMENT: _____
8. SPOUSE'S NAME: _____
9. *Who may we thank for your referral?* _____ Internet Drive by Another Clinic

PET'S INFORMATION

1. PET'S NAME: _____
2. SEX: MALE NEUTERED MALE FEMALE SPAYED FEMALE
3. BIRTHDAY, APPROXIMATE AGE **OR** AGE RANGE (This is **REQUIRED** information) _____
4. SPECIES(CIRCLE ONE): **DOG CAT BIRD RABBIT REPTILE RODENT FERRET**
5. BREED(S) (FOR DOMESTIC CATS JUST NOTE SHORT, MED, OR LONG HAIRE): _____
6. COLOR &/OR MARKINGS: _____

PET'S HISTORY

1. VACCINATION HISTORY (DATE GIVEN AND BY WHOM: VET, BREEDER, ETC.): _____

2. IS YOUR DOG, CAT OR FERRET ON HEARTWORM PREVENTION? **YES NO**
3. IF YES, ARE THEY ON HEARTWORM PREVENTATIVE YEAR ROUND? **YES NO**
4. IS YOUR PET ON FLEA PREVENTATIVE? **YES NO**
5. IF YES, WHAT BRAND? NEXGARD BRAVECTO TRITAK COMFORTIS REVOLUTION _____
6. PLEASE LIST ANY OTHER MEDICATION YOUR PET IS TAKING AT THIS TIME. _____

AUTHORIZATION

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

OWNER'S SIGNATURE _____ DATE _____