



**New Client Information sheet**

**Owner Information: (PLEASE PRINT CLEARLY! THANK YOU!)**

Name: \_\_\_\_\_ Spouse/Relative: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone/Contact: \_\_\_\_\_

Owner D.O.B \_\_\_\_\_ Driver License # \_\_\_\_\_ E-Mail \_\_\_\_\_

(This information is needed in the case that controlled medications are prescribed to your pet.) (Pet reminders are sent via e-mail.)

How did you hear about Bonita Pet Care Animal Hospital? Internet: \_\_\_\_\_ Advertisement: \_\_\_\_\_ Other: \_\_\_\_\_

Were you referred to us, if so who may we thank? \_\_\_\_\_

**Pet Information:**

Name of Pet: \_\_\_\_\_ Species: Cat: \_\_\_\_\_ Dog: \_\_\_\_\_ Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Is your pet currently on any medications/supplements? If YES please list the type of medication(s) and when last given.

Does your pet have any known allergies or a preexisting health condition? \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Phone number \_\_\_\_\_ May we call for records? \_\_\_\_\_

**Pet Information (Multiple pets in the same home/on the same account.)**

Name of Pet: \_\_\_\_\_ Species: Cat: \_\_\_\_\_ Dog: \_\_\_\_\_ Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Is your pet currently on any medications/supplements? If YES please list the type of medication(s) and when last given?

Does your pet have any known allergies or a preexisting health condition? \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Phone number \_\_\_\_\_ May we call for records? \_\_\_\_\_

**Authorization & Financial Information:**

I hereby authorize Bonita Pet Care Animal Hospital and its Veterinarians to examine, prescribe for, and treat the above described pet. I release Bonita Pet Care Animal Hospital and its Veterinarians from any liability related to any such care. X \_\_\_\_\_ Owner/Agent Initial

I authorize Bonita Pet Care Animal Hospital to use my pet's likeness for social media/marketing purposes, including but not limited to use on their website &/or Facebook & Instagram. \* BPCAH does NOT solicit/release any clientele information.\* X \_\_\_\_\_ Owner/Agent Initial

I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. I understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and agree to pay for services.** (\* Employees are not on premise after hours Mon-Fri 6pm & Sat & Sun 5pm – Holiday hours may vary.)

Owner or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We accept: Cash/ Debit Card/Discover / Visa & MasterCard / Care Credit**