



WELCOME TO BEAR CREEK VETERINARY CARE!

Thank you for trusting us with your pet's health.
Please take a moment to tell us about you and your pet.

CLIENT INFORMATION

Primary Owner's Contact Info:

Primary Owner's Name: _____

Mailing Address _____

City _____ Zip _____

Primary Email Address: _____

Primary Phone # _____

Cell Phone # _____

Okay to Receive Text Messages? Yes No

Employer _____

Co-Owner's Contact Info:

Spouse/Co-Owner's Name: _____

Primary Phone # _____

Cell Phone # _____

Okay to Receive Text Messages? Yes No

Employer _____

Secondary Email Address: _____

I grant Bear Creek Veterinary Care, its representatives and employees the right to electronically publish and to use my pet's **photographs, story and medical information**, whether on their sign, website and/or social media.

I Consent I Do Not Consent

PATIENT INFORMATION

Pet's Name _____

Dog Cat Other _____

Male Neutered / Un-neutered (circle one)

Female Spayed / Un-spayed (circle one)

If unaltered do you plan to spay/neuter your pet? Y / N

Breed _____

Color _____

Date of Birth (or approx. age) _____

How long have you had your pet? _____

What brand of food does he/she eat? _____

Past veterinarian(s) where records can be requested:

1) _____

2) _____

Is your pet currently on any medications?

No Yes (Please list)

Does your pet have any chronic medical conditions?

No Yes (Please list)

Referral Information

How Did You Learn of Our Clinic (Circle One or More)?

BCVC WEBSITE

BCVC FACEBOOK PAGE

DROVE BY/SAW SIGN

GOOGLE SEARCH

YELP

GROOMER/DAYCARE

HUMANE SOCIETY

CLIENT of BCVC

OTHER

IF CLIENT or OTHER, WHO MAY WE THANK? _____

Authorization

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, AND TREAT MY PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT A DEPOSIT MAY BE REQUIRED FOR HOSPITALIZATION AND/OR TREATMENT, THAT ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED, AND I AGREE TO PAY FOR THESE SERVICES. I UNDERSTAND THAT THERE IS A MINIMUM \$20.00 SERVICE CHARGE FOR ALL RETURNED CHECKS. ANY UNPAID ACCOUNTS MORE THAN 30 DAYS PAST DUE WILL BE SENT TO A COLLECTION AGENCY.

OWNER/PRINT & SIGN NAME: _____ DATE _____

CO-OWNER/PRINT & SIGN NAME: _____ DATE _____