

New Client Form



Welcome to Blue Ridge Animal Hospital! Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.

Client Information

Date _____

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home#: _____ Cell#: _____ Work#: _____

Email Address: _____ Spouse's Cell#: _____

Occupation: _____ Spouse's Occupation: _____

Preferred method of contacting: _____

Would you like to receive communication via text message? YES NO

Do you receive picture messages on your cell phone? YES NO

How did you become aware of our clinic?

Drove by _____ Telephone Directory _____ Internet _____ Facebook _____ Other _____

Personal Recommendation (Whom May We Thank?) _____

Does anyone else have permission to make decisions on behalf of your pet? Is so, please list their name and contact number:

Patient Information

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth/Age			

Color			
Sex (spayed/ neutered?)			
Microchip Number			
Current Heartworm Med			
Current Flea/Tick Med			
Previous Major Illness			
Previous Major Surgery			
Reactions to Meds or Vaccinations			
Special Diet			
Special Medications			

-All pets are required to have current Rabies vaccinations if in hospital for surgery or medical treatment and procedures.

-Boarding dogs are required to be current on their vaccinations for DISTEMPER/PARVO/BORDETELLA & RABIES.

-Boarding cats are required to be current on their vaccinations for DISTEMPER/UPPER RESPIRATORY & RABIES and for FELINE LEUKEMIA if said cat goes outside at home, including screened porches.

-In the event my pet must stay here on the hospital premises for any reason, I acknowledge that any fleas or ticks found on my pet will be treated at my expense.

-Boarding animals will receive all routine care (feeding, exercise, etc.) at appropriate times outside of normal office hours.

-This hospital is staffed between the hours of 7:30 am - 5:30 pm, Monday - Friday and 7:30 am - 12:00 pm on Saturday. There is no staff in residence outside of these hours. Animals requiring attention outside of formal hospital hours will be receiving all care deemed necessary by the veterinarians.

I am the owner of the above-named animal(s) or am responsible for it and have authority to execute this consent, and assume all financial responsibility incurred. In the event of conditions requiring medical or surgical intervention, I hereby authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated. I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures referred to above. I agree to assume financial responsibility for all professional fees, and further agree to pay Blue Ridge Animal Hospital when services are rendered. I agree to be held responsible for any legal fees required in the collection of debt if I fail to honor this financial contract and payments. I understand that payment is due in full at time of service. I understand that a fee of \$30.00 will be incurred for all returned checks. In the event I am unable to be contacted via phone while my pet is on the premises, permission is given for any appropriate treatment of any health problem at my expense.

Signed: _____

Date: _____

*Blue Ridge Animal Hospital
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