

Welcome to Beaver Brook Animal Hospital

Your Pets, Our Family, Here for you Today!

Client/Pet Information Sheet

Owner's Name: _____ Spouse/Co-Owner: _____

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

Home Number: _____ Cell number: _____ Email: _____

How did you hear about us?

- | | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Yellow Book | <input type="checkbox"/> Mailing | <input type="checkbox"/> Sign/Walk In |
| <input type="checkbox"/> Comm. Event | <input type="checkbox"/> Yelp.com | <input type="checkbox"/> Google.com | <input type="checkbox"/> Newspaper_____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Family | <input type="checkbox"/> Employee | <input type="checkbox"/> Other_____ |

Please fill out below if paying by check

D.O.B. _____ Work #: _____
Employer: _____
Employer's Address: _____

D.O.B. _____ Work #: _____
Employer: _____
Employer Address: _____

Pet's Name: _____ Dog/Cat: _____ Breed: _____
Color: _____ Birth Date: _____
Sex: Male Female Neutered/Spayed Microchip #: _____

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Color: _____ Birth Date: _____
Sex: Male Female Neutered/Spayed Microchip #: _____

Texting Release

I grant Beaver Brook Animal Hospital, its representatives and employees the right to TEXT message above cell number. BBAH does not charge to send texts; however, message and date rates may apply from your wireless carrier.

- Yes
- No

Internet Social Media Photo Release:

I grant Beaver Brook Animal Hospital, its representatives and employees the right to share photographs of my pet and/or me in a social media setting including but not limited to Facebook, our Website, and/or our Blog.

- The above MAY take photos of my pet
- The above may NOT take photos of my pet

Please Sign the Following Authorization for Treatment:

I hereby authorize the staff of Beaver Brook Animal Hospital to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital. By signing below, I acknowledge that I am at least 18 years of age.

Signature of owner, agent or Good Samaritan: _____ Date: _____

Signature of spouse/co-owner: _____ Date: _____