

New Client Information



Welcome to Bethany Pet Hospital. Please help us provide your pet with the best care possible by completing the information on this form.

Today's Date: ____/____/____

Mr. ____ Mrs. ____ Ms. ____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: (____) _____ Work: (____) _____

Spouse Name: _____ Cell: (____) _____

Email: _____

Alternate Emergency Contact:

Name: _____ Cell: (____) _____

Authorized to treat pet? Yes ____ No ____ Initial Here: _____

Do you have a current veterinarian outside of Bethany? Yes ____ No ____

Clinic Name: _____

For your convenience, at the time we perform services, we accept MasterCard, VISA, American Express, as well as cash. Bethany Pet Hospital does not request or require personal information as a condition to payment by credit card, but card users may be required to provide proof of identity.

I hereby authorize the staff of Bethany Pet Hospital to render any treatment which is deemed necessary to the health of my pet(s) 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 the 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 phone. I understand that professional fees are to be paid at the time of the service rendered and that should my account payments not be kept in a good standing, that my account may be forwarded to a third party collections agency which may affect my credit rating.

Sign: _____ Date: _____

Pet Information

Please fill out for all of your pets!



Pet 1: Name: _____

Age/Birthday: _____ Species (cat, dog, etc.) _____

Breed _____ Color _____

Male _____ Female _____ Spayed/Neutered? Yes _____ No _____

Microchip#: _____

Does your pet bite? Yes _____ No _____

Does your pet have allergies? Yes _____ No _____

Has your pet ever had a reaction to vaccines or medications?

Yes _____ No _____ If yes, what? _____

Pet 2: Name: _____

Age/Birthday: _____ Species (cat, dog, etc.) _____

Breed _____ Color _____

Male _____ Female _____ Spayed/Neutered? Yes _____ No _____

Microchip#: _____

Does your pet bite? Yes _____ No _____

Does your pet have allergies? Yes _____ No _____

Has your pet ever had a reaction to vaccines or medications?

Yes _____ No _____ If yes, what? _____

Pet 3: Name: _____

Age/Birthday: _____ Species (cat, dog, etc.) _____

Breed _____ Color _____

Male _____ Female _____ Spayed/Neutered? Yes _____ No _____

Microchip#: _____

Does your pet bite? Yes _____ No _____

Does your pet have allergies? Yes _____ No _____

Has your pet ever had a reaction to vaccines or medications?

Yes _____ No _____ If yes, what? _____