

# Welcome to Brightman Pet Clinic

## OWNER INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ **Spouse or Sig other** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ **Work Phone (Client)** \_\_\_\_\_ / (Spouse/Sig) \_\_\_\_\_

Client Cell Phone \_\_\_\_\_ Spouse or Sig Other Cell # \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Place of Employment \_\_\_\_\_ County in which you live \_\_\_\_\_

## PATIENT INFORMATION

PET NAME-->			
Sex(Spayed,Neutered,etc)	F F/S M M/N	F F/S M M/N	F F/S M M/N
Date of Birth			
Breed			
Color			
Species	Canine Feline	Canine Feline	Canine Feline
Medical alerts			
Heartworm Prevention	Heartgard, Iverhart, Revolution , Trifexis Other _____	Heartgard, Iverhart, Revolution, Trifexis Other _____	Heartgard, Iverhart, Revolution, Trifexis Other _____
Flea Prevention	Advantage, Frontline K-9 Advantix, Comfortis Other _____	Advantage, Frontline K-9 Advantix, Comfortis Other _____	Advantage, Frontline K-9 Advantix, Comfortis Other _____
Vaccines Given	DHLPP Rabies FVRCP Bordetella FeLV	DHLPP Rabies FVRCP Bordetella FeLV	DHLPP Rabies FVRCP Bordetella FeLV
Date Done			
Clinic Given At			
Long Term Medications			
Any Previous Serious Illnesses or Surgeries			
Is your pet a potential biter?	Yes No	Yes No	Yes No
Microchip #			

**How did you become aware of our clinic?** \_\_\_\_\_ Drove By \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Eglin Housing Website  
 \_\_\_\_\_ Internet Referral- Who? \_\_\_\_\_

I give Brightman Pet Clinic permission to contact my previous veterinary clinic for medical records and any other information necessary. I agree to receive emails from BPC or a third party to receive information regarding animal health care or products. **I understand that all charges must be paid at the time services are rendered.** A 50% deposit may be required before surgical or medical treatment. In the event collection action becomes necessary, I agree to pay any legal fees, court costs, and service charges incurred. There will be a \$25.00 service charge on all returned checks. We gladly accept M/C, VISA, Discover and American Express.

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