



Your pet, our priority!

New Client & Pet Information Form

We look forward to providing you premium, dedicated, compassionate and innovative veterinary care and service. We are conscious of your right to privacy and make a commitment to you not to share private information to any third parties.

Pet Owner Primary Contact Information		
First Name	Last Name	
Phone (Cell)	Phone (Home)	Please indicate primary contact Cell <input type="checkbox"/> Home <input type="checkbox"/>
Email (Primary)	Email (Secondary)	Receive Newsletter? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City, State, Zip Code	Pet Owner Date of Birth
Secondary Pet Owner Contact Name / Phone <small>** Secondary contact must be able to make pet health care decisions</small>	If you're here for Urgent Care, who is your regular veterinarian?	There is no secondary contact Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Pet Insurance Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list company & policy #	How would you like to receive your pet's health reminders? Email <input type="checkbox"/> Mail <input type="checkbox"/>	

How did you hear about us? Please select all that apply!	
I went directly to webvets.com <input type="checkbox"/> How did you hear of webvets.com? _____ Google <input type="checkbox"/> What search terms did you use? _____ Other Search <input type="checkbox"/> Facebook <input type="checkbox"/> Yelp <input type="checkbox"/> Groupon <input type="checkbox"/>	Friend / Family (name) _____ Veterinarian (name) _____ Event (name) _____ Mailer _____ Radio _____ TV _____ Article _____ Coupon _____ Yellow Pages _____ Walk / Drive By _____
If none of these, how did you hear about us? _____ CSR Initials _____	

Client Referrals and Coupons	
We appreciate all our clients! Please let us know who referred you so we can thank them! First / Last Name _____	Are you using a coupon today? Yes <input type="checkbox"/> No <input type="checkbox"/> What coupon? _____ Where did you get the coupon? _____ What type of coupon would you like to get in the future? \$ Off Services <input type="checkbox"/> %Off Services <input type="checkbox"/> Free item <input type="checkbox"/>

General Patient Information: You have the right to consent to or refuse any proposed surgery or medical procedure at any time prior to its performance. Bishop Ranch Veterinary Center & Urgent Care maintains personnel and facilities to assist your pet's veterinarian in the performance of various surgical and therapeutic procedures. These procedures may involve unsuccessful results, complications, injury or even death from both known and unforeseen causes and no warranty or guarantee is made as to results or cure. **CLIENT INITIAL** _____

Financial Information: All fees are due at the time services are rendered. In the event your pet is hospitalized with on-going treatment you will be presented with an estimate for cost of treatment and a deposit will be required before treatment commences. You will be advised daily of your account balance. In the event the cost of treatment exceeds the original estimate, additional deposits may be required. Any account which results in collection efforts will be assessed a \$200.00 fee. Returned check payments are subject to a \$30.00 Return Check Fee. **CLIENT INITIAL** _____

Signature:

Printed Name:

Date:

INTERNAL ONLY CSR Name

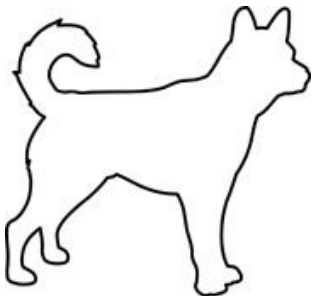
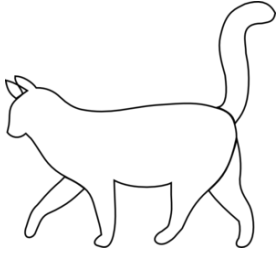
Date



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New Patient Pet Registration		
Pet First Name	Pet Last Name	Pet Gender M <input type="checkbox"/> F <input type="checkbox"/>
Type of Animal	Breed	Color
Briefly describe any personality traits!		Spayed/Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>

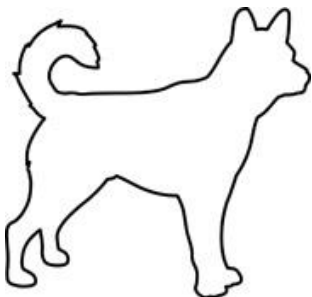
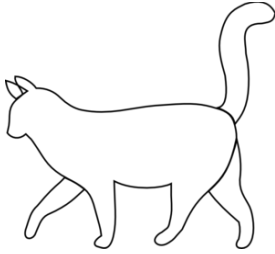
Pet Health History (Pet #1)		
What is the primary reason for your visit today?	Please list any medications your pet is currently taking (or has taken within 30 days):	Pet's Birthdate or Approximate age
Who is your pet's regular veterinarian and hospital?	Is your pet an indoor / outdoor pet?	Has your pet been microchipped? Yes <input type="checkbox"/> No <input type="checkbox"/>
Known allergies?	Please list any health issues your pet has experienced in the past 12 months:	Has your pet been vaccinated? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Symptoms Checker: Please check any symptoms you have noticed in the past 12 months:</p> <p>Behavioral Changes <input type="checkbox"/></p> <p>Drooling <input type="checkbox"/></p> <p>Panting <input type="checkbox"/></p> <p>Difficulty Breathing <input type="checkbox"/></p> <p>Limping <input type="checkbox"/></p> <p>Paw Tenderness <input type="checkbox"/></p> <p>Pain in Legs / Hips <input type="checkbox"/></p> <p>Skin Issues / Rash <input type="checkbox"/></p> <p>Hair / Coat Changes <input type="checkbox"/></p> <p>Abnormal Growths <input type="checkbox"/></p> <p>Eye Mucus <input type="checkbox"/></p> <p>Nasal Drain <input type="checkbox"/></p> <p>Bleeding <input type="checkbox"/></p> <p>Irregular Bowel <input type="checkbox"/></p> <p>Trouble Urinating <input type="checkbox"/></p> <p>Stomach Pain <input type="checkbox"/></p>	<p>Please circle any areas of concern you would like the veterinarian or veterinarian technician to look at:</p>   <p><small>*Please note pictures are generic and only used to help communicate any concerns you have for your pet. They do not necessarily represent the breed of your pet.</small></p>	
Please check this box if you don't want your pet's photo used for marketing: <input type="checkbox"/>		



New Client & Pet Information Form

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PET #2 REGISTRATION FORM	
Client First Name	Client Last Name
Pet Name	Client ID

Pet Health History (Pet #2)		
What is the primary reason for your visit today?	Please list any medications your pet is currently taking (or has taken within 30 days):	Pet's Birthdate or Approximate age
Who is your pet's regular veterinarian and hospital?	Is your pet an indoor / outdoor pet?	Has your pet been microchipped? Yes <input type="checkbox"/> No <input type="checkbox"/>
Known allergies?	Please list any health issues your pet has experienced in the past 12 months:	Has your pet been vaccinated? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Symptoms Checker: Please check any symptoms you have noticed in the past 12 months:</p> <p>Behavioral Changes <input type="checkbox"/></p> <p>Drooling <input type="checkbox"/></p> <p>Panting <input type="checkbox"/></p> <p>Difficulty Breathing <input type="checkbox"/></p> <p>Limping <input type="checkbox"/></p> <p>Paw Tenderness <input type="checkbox"/></p> <p>Pain in Legs / Hips <input type="checkbox"/></p> <p>Skin Issues / Rash <input type="checkbox"/></p> <p>Hair / Coat Changes <input type="checkbox"/></p> <p>Abnormal Growths <input type="checkbox"/></p> <p>Eye Mucus <input type="checkbox"/></p> <p>Nasal Drain <input type="checkbox"/></p> <p>Bleeding <input type="checkbox"/></p> <p>Irregular Bowel <input type="checkbox"/></p> <p>Trouble Urinating <input type="checkbox"/></p> <p>Stomach Pain <input type="checkbox"/></p>	<p>Please circle any areas of concern you would like the veterinarian or veterinarian technician to look at:</p>   <p><small>*Please note pictures are generic and only used to help communicate any concerns you have for your pet. They do not necessarily represent the breed of your pet.</small></p>	