

Welcome to Beaufort Veterinary Hospital

We are so happy you are here! Our biggest goal at Beaufort Veterinary Hospital is to help you and your pet have **MORE GOOD YEARS TOGETHER!** Please fill out this form completely so that we may better assist you.

Client Information

Name: _____ Spouse/Co-Owner: _____

Address: _____ City: _____ Zip: _____ County: _____

Phone: H: _____ C: _____ Email: _____

Would you like to receive text message announcements, reminders, etc? Yes _____ No _____
(This service is not available at this time, but may be in the future)

How did you hear about BVH? (Someone we may thank): _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. This policy helps control costs on which we base our fees. **What payment method will you be using?**

Cash _____ Visa _____ MC _____ Disc _____ American Express _____ Care Credit _____ Check _____

If you wish to pay by check, please complete the following:

Driver's License # _____ State _____

Patient Information

	Pet #1	Pet #2	Pet #3
Name			
Date of Birth/ Age			
Species (Cat/Dog/Etc.)			
Breed			
Sex			
Spayed/Neutered?			
Color			

Would you like for us to obtain your pets records from your previous veterinarian? Yes _____ No _____

Veterinarian Name: _____ Phone: _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccines or medications? _____

Is your pet(s) on any special diets or medications? _____

I hereby authorize Dr Romano, her affiliates, and staff members employed by Beaufort Veterinary Hospital to examine, treat and/or prescribe for the above described animals. I assume all financial responsibilities for the above animal(s) and agree to pay all fees incurred at the time services are rendered and understand that I may be charged for non-cancelled missed appointments.

Signature: _____ Date: _____