

CLIENT WELCOME FORM

WELCOME TO BRIDGEWATER VETERINARY HOSPITAL!

PLEASE HELP US BY TAKING A FEW MOMENTS TO FILL OUT THIS INFORMATION COMPLETELY!

Client Information

Today's Date _____
Owner's Name _____ Spouse/Partner Name _____
Children (First name & Age) _____
Address _____ City _____ State _____ Zip _____
Home Telephone () _____ Email _____

Employment Information

Employer's Name _____ Work phone () _____ Ext _____
Cell phone () _____
Spouse's/Partner's Employer _____ Work phone () _____ Ext _____
Cell phone () _____

Payment Information

Preferred Method of Payment: Cash Check Visa MC Discover
Bank Name _____ Address _____
Social Security # _____
Driver's License # _____ State _____
Credit Card _____ Acct. # _____ Exp. Date _____

Patient Information

Pet's Name _____ Dog Cat Bird Other _____
Breed _____ Color _____
Birth Date ___ / ___ / ___ Sex: Male Female Altered: Yes No
From what source was your pet obtained? _____
What percent is the pet? Indoor _____% Outdoor _____%
Veterinary Hospital where past records may be obtained _____
List any medical conditions or medications that we should be aware of _____

Reason for Visit _____
List the names and breeds of any other pets that you own _____

Symptoms

Please check any symptoms or problems that you have noticed about your pet.

<input type="checkbox"/> behavior problems	<input type="checkbox"/> eye bulging	<input type="checkbox"/> scooting	<input type="checkbox"/> thirst and/or
<input type="checkbox"/> bleeding gums	<input type="checkbox"/> gagging	<input type="checkbox"/> scratching	urination increased
<input type="checkbox"/> breathing problems	<input type="checkbox"/> lack of appetite	<input type="checkbox"/> seems depressed	<input type="checkbox"/> vomiting
<input type="checkbox"/> coughing	<input type="checkbox"/> limping	<input type="checkbox"/> shaking head	<input type="checkbox"/> weakness
<input type="checkbox"/> diarrhea	<input type="checkbox"/> loss of balance	<input type="checkbox"/> sneezing	
<input type="checkbox"/> other: _____			

Referral Information

How did you hear of BVH? Yellow Pages Hospital Sign Friend Relative Other _____
Individual we may thank? _____

I/we assume responsibility for all charges incurred in the care of our pet now and in the future. I/we also understand that these charges will be **paid in full** at the time of visit.

Owner or Responsible Party _____

Alternate authorization: _____

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