Renewal Date:_____ Initials:_____ Client Number#:_____ Initial Visit Date:_____

BRIDGERLAND-CACHE ANIMAL HOSPITAL

95 West 900 North, Logan, UT 84321 435.752.2151

Welcome to our hospital. As an American Animal Hospital Association (AAHA) accredited facility, we are pleased to offer the best level of care for your animals. Thank you for choosing us for your veterinary needs.

CLIENT INFORMATION:

First Name:_____ Last Name:_____ Title:_____

Street Address: _____Mailing (if different): _____

City:_____ State: _____ Zip_____ _____

Primary Phone: _____ cell/landline Text reminders/updates okay? Yes / No

Secondary Phone: _____ cell/landline Text? Yes / No

Email Address: _____ Email reminders/updates okay? Yes / No

Employer Name/City:_____ Work Phone: _____

Additional Authorized Persons, who have permission to use this account and make decisions regarding care:

Name:_____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Who may we thank for referring you to us? _____

FINANCIAL POLICY:

Our goal is to provide your pet with the best care available, which includes the best diagnostics, treatment and continued care. To help you accept the best treatment possible, we offer several payment options. **Payment in full at the end of your pet's examination and/or treatment is required.** For some treatments or hospitalized care, a **DEPOSIT** is required. Treatment plan estimates over $500 require a 50% deposit to begin treatment. Estimates will be provided.

Please indicate below the form of payment you choose: Combinations of types are welcome.

_____ Visa, MasterCard, American Express or Discover Card

_____ Care Credit Payment Plan *Subject to credit approval. See brochure for promotional information and estimated monthly payments.

_____ Cash or Check (with current valid ID) * The maximum fee allowed by law will be charged for any returned checks.

By signing this document, I agree to pay all costs at time of service. If collection becomes necessary by suit or otherwise, I agree to pay all costs of collection, including collection agency fees, attorney's fees, and court costs.

_____ I certify that I am at least 18 years of age and am the responsible party for decision making and payment requirements.

_____ I understand that a Veterinary-Client-Patient-Relationship (VCPR) has legal requirements that need to be met before treatments can be done or medications dispensed. These will be discussed and adhered to.

Signature: _____ Date: _____

Print Name: _____

Staff Member Review: _____ **(See reverse side for Patient information)**

PATIENT INFORMATION

Animal's Name: ______________________________ Dog___ Cat___ Rabbit___ Horse___ Other:__________

Breed:______________________________________ Color/Markings:____________________________________

Birthdate or Age: ______________________________________ Male___ Female___ Neutered/Spayed? Y/N

Special Concerns: ____

Animal's Name: ______________________________ Dog___ Cat___ Rabbit___ Horse___ Other: __________

Breed:______________________________________ Color/Markings:____________________________________

Birthdate or Age: ______________________________________ Male___ Female___ Neutered/Spayed? Y/N

Special Concerns: ____

Animal's Name: ______________________________ Dog___ Cat___ Rabbit___ Horse___ Other: __________

Breed:______________________________________ Color/Markings:____________________________________

Birthdate or Age: ______________________________________ Male___ Female___ Neutered/Spayed? Y/N

Special Concerns: ____

Animal's Name: ______________________________ Dog___ Cat___ Rabbit___ Horse___ Other: __________

Breed:______________________________________ Color/Markings:____________________________________

Birthdate or Age: ______________________________________ Male___ Female___ Neutered/Spayed? Y/N

Special Concerns: ____

Animal's Name: ______________________________ Dog___ Cat___ Rabbit___ Horse___ Other: __________

Breed:______________________________________ Color/Markings:____________________________________

Birthdate or Age: ______________________________________ Male___ Female___ Neutered/Spayed? Y/N

Special Concerns: ____

Animal's Name: ______________________________ Dog___ Cat___ Rabbit___ Horse___ Other: __________

Breed:______________________________________ Color/Markings:____________________________________

Birthdate or Age: ______________________________________ Male___ Female___ Neutered/Spayed? Y/N

Special Concerns: ____