



# BRENTWOOD VETERINARY CLINIC

## New Client Registration Form

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

*\*Required for all checks:* Driver's license # \_\_\_\_\_ State issued: \_\_\_\_\_

How did you hear about us? Facebook Website Instagram Referral Google Other: \_\_\_\_\_

If referral, please tell us who so we can thank them! \_\_\_\_\_

### Patient Information

Pet's Name: \_\_\_\_\_ DOB/age: \_\_\_\_\_

DOG or CAT Breed: \_\_\_\_\_ MALE or FEMALE Altered?: Y or N

Microchip ID: \_\_\_\_\_ Previous Clinic: \_\_\_\_\_

Current medications: \_\_\_\_\_

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Pet's Name: \_\_\_\_\_ DOB/age: \_\_\_\_\_

DOG or CAT Breed: \_\_\_\_\_ MALE or FEMALE Altered?: Y or N

Microchip ID: \_\_\_\_\_ Previous Clinic: \_\_\_\_\_

Current medications: \_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.  
I assume responsibility for all charges incurred in the treatment of my pet. I also understand  
that all professional fees are due at the time services are rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*We want to provide excellent customer service and high quality patient care, and strive to meet and exceed your expectations. The following are important topics, and we'd like to be proactive in your wishes. Please don't hesitate to inquire if you would like further explanation or have any questions.*

*Thank you for choosing us.....We appreciate you!*

We would like you to know that we are not a 24 hour facility, and on occasion there may be pets in the facility in the absence of personnel. Our hospital is equipped with smoke detectors and an alarm system that when triggered will be able to dispatch emergency responders immediately. Your pet's doctor will discuss options for overnight care and monitoring when appropriate. Initial \_\_\_\_\_

State law requires that we provide our County's Animal Care Services a copy of all canine patients who have received a Rabies immunization vaccine. Initial \_\_\_\_\_

Our hospital uses a software system to help remind you about your pet's current medical needs such as vaccines due, and upcoming appointment reminders. These reminders may come in the form of postcard, email, or text. Our clinic will not provide your personal information to any other party. Please notify us if we do not have permission to send reminders to you via the following:

Email:  Yes  No      Email address \_\_\_\_\_

Text:  Yes  No      Cell # to text \_\_\_\_\_

We love to share veterinary success stories, testimonials, and photos. Please notify us if we have permission to use your pet's photo and/or testimonial for educational and marketing purposes. There is no expectation of financial compensation, and your full name will not be used.

Do we have your permission to use your pet's photos on our social media platforms?  Yes  No

Do we have permission to text you photos and/or updates about your pet while they are staying in our facility for boarding or surgery procedures?  Yes  No

I authorize the release of my pet's vaccination status and/or medical records to grooming, boarding, daycare, and other veterinary facilities without additional consent.  Yes  No

If your pet is covered by veterinary pet insurance, we will be glad to send medical records when requested. Our hospital will contact you for permission if copies or summaries of the record are requested. Initial \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_