

Staff Use Only

Acct #:

Entered:

New Client Card:



# WELCOME



## PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Barrington Oaks Veterinary Hospital, LLC and Barrington Oaks North Animal Clinic the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

MR.

MRS. OWNER(S) \_\_\_\_\_ CO-OWNER \_\_\_\_\_

DR. \_\_\_\_\_ LAST FIRST INITIAL LAST FIRST INITIAL

MS.

ADDRESS \_\_\_\_\_ APT NUMBER \_\_\_\_\_

CITY

STATE

ZIP CODE

- ☐ Cell  
☐ Home  
☐ Work

PREFERRED PHONE: \_\_\_\_\_

- ☐ Cell  
☐ Home  
☐ Work

ALT PHONE: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ CO-OWNER'S \_\_\_\_\_

EMPLOYER

TITLE

EMPLOYER

TITLE

IF NECESSARY, MAY WE CALL YOU AT WORK? YES \_\_\_\_\_ NO \_\_\_\_\_

**HOW DID YOU BECOME AWARE OF OUR HOSPITAL?** (PLEASE CIRCLE ONE)

YELLOW PAGES - HOSPITAL SIGN – BOVH.COM - VETERINARIANS.COM

PERSONAL RECOMMENDATION, WHO MAY WE THANK? \_\_\_\_\_

NAME

NAME	SPECIES	BREED	COLOR	SEX	SPAYED/ NEUTERED	AGE/BIRTHDATE	MICRO- CHIPPED?

What prior illness or surgery should we know about? \_\_\_\_\_

List any known drug allergies: \_\_\_\_\_

Is your pet currently on a special diet or medication? \_\_\_\_\_

Is there a previous veterinary clinic we can contact for records? \_\_\_\_\_

## 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 care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. (Payment choices available include cash, check, MC/VISA, American Express, Discover, Cherry Payment Plans and Care Credit)

\_\_\_\_ (Initial) I hereby authorize **Barrington Oaks Veterinary Hospital** and its staff to release **any and all medical records** for my pet(s) to any licensed veterinarian, animal hospital, boarding facility, pet insurance or groomer as needed for the purpose of care or treatment.

\_\_\_\_ (Initial) I hereby give Barrington Oaks Veterinary Hospital, LLC permission to take photographs and videos of my pet for the purpose of posting on Barrington Oaks Veterinary Hospital's Facebook, YouTube, Instagram, and clinic website.

\_\_\_\_ Date: \_\_\_\_\_  
Signature of client responsible for pet(s)

Again, thank you for giving us the opportunity to serve you!