BRIGHTCARE
VETERINARY GROUP

Patient Admission Form

CLIENT INFORMATION			**DATE:**
Title:	First Name:	Middle:	Last Name:
Address:			
City:	State: Zip Code:		County:
Date of Birth:	Cell Phone:	Email:	
Payment Type: (check one)	Cash ☐ Visa ☐ MasterCard ☐ Discover ☐ Care Credit ☐		
SPOUSE/SIGNIFICANT OTHER INFORMATION			
Title:	First Name: Middle:	Last Name:	
EMPLOYMENT INFORMATION			
Current Employer:		Phone Number:	
Address:			

PATIENT INFORMATION		
Pet's Name:	Species (check one) : Canine ☐ Feline ☐ Other ☐	
Breed(s):	Birthday: (or approx. age)	Color(s):
Current on Vaccinations? (check one) Yes ☐ or No ☐	Sex Male ☐ or Female ☐	Spayed/Neutered? Yes ☐ or No ☐
Reason for your visit today:		
Past problems or illnesses:		
Current Medications:		
How did you hear about us: Select One ▼		

REFERRING VETERINARIAN	**PRIMARY CARE VETERINARIAN (If not same)**
Doctor:	Doctor:
Practice Name:	Practice Name:
Phone:	Fax:
Address:	Address:
City: State: Zip:	City: State: Zip:

AUTHORIZATION: I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described pet. I, as the owner, or acting on behalf of the owner, assume responsibility for all of the charges incurred in the care of this animal. I also understand that a deposit will be required for surgical, diagnostic and/or emergency treatment that these charges will be paid in full at the time of release. All accounts left unpaid after 30 days will accrue a 1.5% monthly finance charge as well as a $3.00 statement fee. Past due accounts are subject to costs of collect and legal fees.

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Signature of Owner/Responsible Party **Date**