ROSS BRIDGE
ANIMAL HOSPITAL

Primary Contact:

Mr. / Mrs. / Ms. First Name: _____ Last Name: _____

Address: (Street) _____ (Apt./Unit #) _____

(City) _____ (State) _____ (Zip) _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Occupation (optional): _____

Email: _____

Contact Preference: Phone ☐ Email ☐ Either ☐

THE FOOD AND DRUG ADMINISTRATION REQUIRES DRIVER'S LICENSE NUMBERS IF WE DISPENSE CERTAIN CONTROLLED DRUGS. THANK YOU FOR YOUR COOPERATION.

Driver's License #: _____ State: _____

Date of Birth: _____ Social Security Number: _____

What is the name of your previous Veterinary Clinic? _____

How did you hear about us?

Drove by ☐ Social Media ☐ Internet Search ☐ Referred by family/friend ☐

If referred, please give their name so that we may thank them: _____

Are you Military or Law Enforcement? Yes ☐ No ☐

Secondary Contact:

Mr. / Mrs. / Ms. First Name: _____ Last Name: _____

Address: Same as above? Yes ☐ No ☐

(Street) _____ (Apt./Unit #) _____

(City) _____ (State) _____ (Zip) _____

Best Contact Phone #: _____ Home ☐ Cell ☐ Work ☐

Email: _____

Relation: _____ Include on Invoice? Yes ☐ No ☐

We use Email to send records, invoices, reminders, and to check on your pet after sick visits. Which Email will be checked most often? Primary ☐ Secondary ☐

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Pet Information:

	Pet #1	Pet #2	Pet #3
Pet's Name			
Dog/Cat/Other?			
Sex			
Breed			
Color			
DOB or Age			
Spayed/Neutered?			
Microchipped? (Include # if known.)			

I understand that payment in full is due at time of service. I acknowledge that a deposit may be required for some hospitalized procedures and certain medications. I understand that I will be held responsible for any unpaid balance, including court costs and/or legal fees should I default on payments.

Ross Bridge Animal Hospital accepts Visa, Mastercard, Care Credit, and Cash. Please feel free to discuss the fees for services **BEFORE** they are performed. Estimates are available upon request.

Client Signature: _____ Date: _____

Thank you for giving us the opportunity to care for your pet(s)!

Revised - 12/2023