



## Client/Pet Owner Information



Title: Mr. Mrs. Ms. Dr.

Today's Date: \_\_\_\_\_

Client #: \_\_\_\_\_  
(for office use)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse/Partner Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cellular/Pager: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How would you prefer to receive your reminders:  E-mail  Regular Mail  Both

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License # and State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Who was your previous veterinarian: Clinic/Doctor Name: \_\_\_\_\_ City: \_\_\_\_\_

Why did you leave your last veterinarian: \_\_\_\_\_

How did you come to choose Blue Cross Pet Hospital?

- A friend referred me. (Friend's name): \_\_\_\_\_  Noticed hospital while I was driving by  
 Pet Store, Kennel, or other hospital: \_\_\_\_\_  Yellow Pages  Internet

### Please Select:

- I feel that my pet is a part of my family.  I feel that a pet is just a pet.
- I want the best medical care for my pet; please provide whatever you feel is needed for good health.  
(I'll always have the option of declining any suggested form of treatment.)
- I want good medical care for my pet but there is a limit to what I am able to have done.

### When my pet is examined, I prefer:

- TO BE present  NOT to be present  Whatever is most convenient for the doctor

**If you are interested in applying for a hospital credit card account, please ask a receptionist for an application.**