



"Providing the best for your pet in veterinary care and service."

www.brandonvetclinic.com

New Patient Check In

**Professional fees are due at time services are rendered. No Billing.
Please check with receptionist if payment today will be an issue.
Thank You!**

Client Information

Last Name: _____ First Name: _____
Address: _____ City/State/Zip: _____
Home phone#: _____ Employer: _____
Work phone#: _____ Employer Address: _____
Emergency Contact: _____ Phone#: _____

Email address: _____

Primary Reason for Visit: _____

Pet Information

Pet's Name: _____ ☐ Dog ☐ Cat
Sex: ☐ M ☐ F Age: _____ Breed: _____
Color: _____ Neutered/ Spayed: ☐ Yes ☐ No At what age: _____
List Your Pet's:
Current Medications: _____
Previous veterinarian _____ Phone# _____

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. I also give Brandon Veterinary Clinic permission to use digital images of my pet for diagnostic aids, documentation, illustration, educational and/or promotional purposes.

Signature of client responsible for pet (s) _____ **date:** _____