

**Brentwood Animal Hospital  
New Client Information**

Thank you for giving Brentwood Animal Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

**Client Information**

Name:		Spouse's Name:	
Address:		Apt #:	
City:	State:	Zip:	
Home Phone:		Cell Phone:	
Work Phone:		Driver's License #:	
Email Address:			
Emergency Contact:		Phone:	

**Pet Information**

Name:	Breed:
Age:	Sex:
Color:	Intact <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>

Is your pet currently receiving any medications? **YES**  **NO**  If you have selected yes, please list below:

1.	2.
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Does your pet have any known drug or vaccine allergies? **YES**  **NO**  If you have selected yes, please explain: \_\_\_\_\_

**Previous Veterinarian:** \_\_\_\_\_

**How did you hear about our clinic?** \_\_\_\_\_ **Reference Name:** \_\_\_\_\_

**Media Release**

Pet owners and their pets are often photographed for use in Brentwood Animal's publicity efforts. These photographs may be used in publication, print ad, direct mail piece, electronic media (i.e. video, cd, and internet) or other form of promotion. By selecting YES you release Brentwood Animal Hospital and all employees/staff members from any/all liability for violation of personal propriety right in connection with such use. **YES**  **NO**

**ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES**

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in the hospital care and handling of the pet. I hereby authorize Brentwood Animal Hospital to receive, prescribe for, or treat/perform surgery upon the pet(s) listed above. I agree to pay all fees for all services rendered at the time my pet is discharged from the hospital or the service is terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court cost in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where Brentwood Animal Hospital is located. I understand that veterinary services are not provided during nighttime hours unless deemed necessary by Dr. Todd Burnett. Continuous presence of qualified personnel may not be provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date