



Bennett Creek Animal Hospital

22416 Frederick Road, Clarksburg, MD 20871

(p) 301-515-8800

Patient-Client Information

Name/Title _____ Spouse/Other _____

Address _____ City _____ Zip _____

Home Telephone _____ Cell Phone _____

Work Telephone _____

Email Address _____ Other Email _____

Spouse's Telephone _____ Spouse's Other Phone _____

Driver's License # _____ State _____ (for check payment)

Emergency Contact _____ Phone _____

How did you learn about our hospital? We would like to thank any individual who referred you.

Hospital Sign Direct Mail Brochure Yellow Pages Web Search _____

Localvets.com Personal Referral by: _____

At your request we will gladly discuss cost of services and/or prepare an estimate for recommended procedures.

Hospital Hours are 7a-7p M-F, 7a-12p Saturday, Excluding Holidays. **24 hour supervision is not available.**

Fees are DUE at the time services are rendered

A deposit may be required for pets being admitted to the Hospital

We accept Cash, Checks with valid Driver's License, Debit, Visa, MasterCard and Discover

We charge a \$35.00 fee for returned checks.

State law requires rabies vaccination for our safety. To prevent the spread of infectious disease, all pets admitted for boarding, grooming and hospitalization are required to be current on vaccination for transmissible diseases. We assume no liability for pets or humans contracting infectious diseases or parasites. Pets with fleas will be treated upon admission; the cost will be included on the invoice.

I Authorize Administration of Required Vaccines and Parasite Control as Needed for my Pets.

I understand that I am responsible for cost of all services performed at Bennett Creek Animal Hospital.

I agree that I have been given the opportunity to discuss fees and recommended procedures with the Doctors or Staff of BCAH.

Unless otherwise specified, I authorize release of medical records for the following services on request:

Boarding, Day Camp, Other Activities/ Groomers/ Referral to other Veterinarians/ Other: _____

SIGNATURE: _____ **Date:** _____

Please complete individual pet information on the back of this form

Staff Init: _____

Animal Identification and Medical Information

	Pet #1	Pet #2	Pet #3
Name			
Species (Cat/Dog/Other)			
Breed			
Description/Color			
Age/Date of Birth			
Sex/Altered?			
Time Owned			
How Obtained			
Previous Veterinarian			
Microchip #			
Vaccination Date:			
Rabies			
DHLPP			
Bordetella			
CIV			
Lyme			
FVRCP			
FELV			
Heartworm Test			
FeLV/FIV Test			
Fecal Parasite Exam			
Current Medications			
Prescription Diet			
Prior Surgery			
Prior Dentistry			

Details/Prior Illness/Accidents: _____

Thank you for taking the time to fill out this form.