



Bennett Creek Animal Hospital

✚ PET URGENT CARE

22416 Frederick Road, Clarksburg, MD 20871

(p) 301-515-8800 (f) 301-515-7547

Client / Owner Information

Name _____ Cell Phone _____
Address _____ Home Phone _____
City _____ Work Phone _____
State _____ Zip _____
Email _____
Driver's License # _____ State Issued _____

Other (select one)

Spouse Significant Other Relative Friend Other /Emergency Contact

Name _____
Cell Phone _____ Alt Phone _____
Email _____

How did you learn about our hospital?

Hospital Sign Internet _____

Personal Referral or Veterinarian/Hospital: _____ (please list)

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

FULL PAYMENT is due at the time services are rendered.

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

We accept cash, checks, Visa, Mastercard, Discover, Amex and payment options with Care Credit and Splitit. Returned checks will be subject to a **\$35.00** bad check fee, and any outstanding balances older than 30 days will be subject to interest charges of **1^{1/2}% per month**. In the unfortunate event collection procedures are required to collect an outstanding balance, the client shall be responsible for the reasonable cost (50% of the past due balance) of a collection agency, attorney, and/or court costs.

The undersigned hereby waives any defense he/she may have as to the Statute of Limitations barring future attempts to recover debts owed hereunder in the event of default.

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

Patient Information

	Pet #1	Pet #2	Pet #3
Name			
Species (Cat/Dog/Other)			
Breed			
Description/Color			
Age/Date of Birth			
Sex /Spayed or Neutered			
Time Owned			
Microchip #			
Is your pet up to date on Rabies?			
Previous / Current Veterinarian Office			

Details / Prior Illness / Accidents / Prior Surgeries:

=

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