



Brentwood Veterinary Center
2801 Ward Blvd. Suite 6B Wilson, NC 27893

Patient / Client Information

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email address: _____ Would you like to receive vaccination reminders by email? YES ___ NO ___

Employer's Name & Address: _____

Spouse's/other's Employer Name & Address: _____

In Case of EMERGENCY, Call: _____ Phone #: _____

We will gladly prepare a written estimate for any procedures. Please ask a receptionist, technician, or doctor.

Professional fees are due at the time services are rendered.

Preferred Method of Payment: Cash Check MasterCard/Visa/Discover Care Credit

Name of Previous/Current Veterinarian: _____

Are you a previous client here? _____

How did you first hear about our hospital?

Individual, Someone we may thank? _____

Yellow Pages, etc. Which one? _____

Another Hospital? If so, which one? _____

Other, please state: _____

To help prevent the spread of infectious diseases, ALL hospitalized animals must be current on all recommended vaccinations.

**NORTH CAROLINA STATE LAW REQUIRES THAT ALL DOGS BE CURRENT ON RABIES VACCINATION.
Vaccinations can be updated at the time of your appointment or while boarding if it is not current.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, **I agree to pay fees for services rendered at the time the pet is discharged from the hospital or all services are complete.** I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient funds check and/or certified letter that must be sent.

Signature: _____ Date: _____

Animal Medical History:

Please complete information for all your pets - Thank You!	PET #1	PET #2	PET #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Color			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Neutered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Tick / Flea Products Used			