



Bridges Professional Park Animal Hospital
214 Commerce Ave.
Morehead City, N.C. 28557
252-247-5595

Thank you for giving Bridges Professional Park Animal Hospital the opportunity to care for your pet. Please complete the following information form.

Client and Patient Registration Form

Name _____ Spouse's Name _____

Mailing Address _____

Street Address _____

Home Phone# _____ Cell Phone# _____ Spouse's Cell# _____

Place of Employment _____ Work Phone# _____

Spouse's Place of Employment _____ Work Phone# _____

Drivers License # _____ Email Address _____

FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Pet's Name _____ Birth Date _____ Species _____

Please choose one: Canine ___ Feline ___ Bird ___ Reptile ___ Other _____

Breed _____ Color _____ Sex _____ Neutered? Yes / No

Date of last Veterinary visit _____ Last Rabies vaccination _____

Allergies? _____ Long term medical Problems _____

List any medications / special diet used routinely _____

Our Pet is: Member of the Family ___ Child's Pet ___ Backyard Pet ___

Would you like to be present during the treatment of your pet? ___ YES ___ No

I hereby authorize Bridges Professional Park Animal Hospital to examine, prescribe and treat my pet(s), which are recorded with this hospital. Furthermore, I agree to pay fees for services rendered at the time of service. Surgical deposits are required the morning of the procedure, estimates will be given to you prior to the procedure.
If I the owner or an authorized agent of mine, fail to call for and pay all accrued charges of the animal(s) within 3 days after written or oral notification that the animal is ready to be released from the

hospital, then Bridges Professional Park Animal Hospital is authorized to humanely dispose of said animal(s). I the owner or an authorized agent of mine are responsible for all billing and collection fees.

Please indicate choice of payment:

CASH CHECK VISA MASTERCARD DISCOVER CARECREDIT

Signature of Owner or Responsible Agent _____ Date _____