



## Client Information

Owner's First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Spouse / Relative Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Email address:** \_\_\_\_\_

Would you like to receive reminders via  EMAIL  TEXT (SMS) MESSAGE

How did you hear about our hospital? \_\_\_\_\_

**Previous / Primary Veterinary:** \_\_\_\_\_

### First Pet Information:

1.) Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered? **Yes or No**

Is your pet up-to-date on all vaccinations? \_\_\_\_\_ Is your pet on Heartworm prevention? \_\_\_\_\_

Please list all major illnesses, previous surgeries, medications and concerns: \_\_\_\_\_

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### Additional Pet Information:

2.) Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered? **Yes or No**

Is your pet current on vaccinations? \_\_\_\_\_ Is your per on Heartworm prevention? \_\_\_\_\_

Please list all major illnesses, previous surgeries, medications and concerns: \_\_\_\_\_

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### Additional Pet Information:

3.) Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered? **Yes or No**

Is your pet current on vaccinations? \_\_\_\_\_ Is your per on Heartworm prevention? \_\_\_\_\_

Please list all major illnesses, previous surgeries, medications and concerns: \_\_\_\_\_

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**Additional Pet Information:**

4.) Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered? **Yes or No**

Is your pet current on vaccinations? \_\_\_\_\_ Is your pet on Heartworm prevention? \_\_\_\_\_

Please list all major illnesses, previous surgeries, medications and concerns: \_\_\_\_\_

Thank you for choosing Bridges Professional Park Animal Hospital to care for your pet(s)! Please let us know what we can do to serve you in a manner that exceeds your expectations. All services are provided with the understanding that payment will be made when the animal is discharged. If your pet is having a surgical procedure you will be asked to leave a deposit upon booking the appointment. We accept cash, checks, Visa, MasterCard, Discover, American Express, Scratchpay and CareCredit. There will be a \$25.00 returned check fee. All unpaid accounts are subject to all court, collection, and legal fees incurred during collection. Please sign below to acknowledge that you have read this policy. Thank you!

❖ **Owner / Agent**

**Date**

## Photo Release Form

Bridges Professional Park Animal Hospital  
214 Commerce Ave.  
Morehead City, NC 28557

### Permission to Use Photograph

Subject: \_\_\_\_\_

I grant to Bridges Professional Park Animal Hospital, its representatives and employees the right to take photographs of me, my pet(s) and my property in connection with the above-identified subject. I authorize Bridges Professional Park Animal Hospital, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Bridges Professional Park Animal Hospital may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_