Client Information

Owner's Name:

_____

Owners DOB: _____ Local Pharmacy:

_____

Physical Address: _____ _____ _____

_____

Number & Street City State Zip

Mailing Address: _____ _____ _____

_____

Number & Street City State Zip

Phone: (____)_____ Alt. Phone:

(_____)_____

Email:

_____

Secondary Owner Name: _____ Phone:

(____)_____

How did you hear about us? _____ Previous/Primary Vet:

_____

Pet Information

Pet's Name: _____ Age/DOB: _____ Gender:

_____

Breed: _____ Color: _____ Fixed? (circle one) Yes or No

*****PLEASE READ AND SIGN*****

Thank you for choosing Bridges Professional Park Animal Hospital to care for your pet(s)!. 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, an ultrasound or dental you will be asked to leave a $75 deposit upon booking the appointment. Your deposit will be forfeited if you are a

no show or do not give us at least 24 hours to cancel or reschedule. We accept cash, checks, all major credit cards, as well as Care Credit and Scratchpay. There will be a $25.00 charge on all returned checks. All unpaid accounts are subject to all court, collection and legal fees incurred during collection. You will be billed a $35.00 no show fee for any appointments that are not cancelled at least 24 hours prior. Please sign below to acknowledge that you have read this policy.

Owner signature: _____ Date: _____

OVER

Photo Release Form

Bridges Professional Park Animal Hospital

214 Commerce Ave. Morehead City NC 28557

Permission to use photograph:

Pet (s): _____

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 Briges Professional Park Animal Hospital, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Briges 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:

Printed Owner's Name: _____

Owner's signature: _____

Date: _____

****

Additional Pet Information

Pet's Name: _____ Age/DOB: _____ Gender: _____

Breed: _____ Color: _____ Fixed? (circle one) Yes or No

Concerns:

_____

Additional Pet Information

Pet's Name: _____ Age/DOB: _____ Gender: _____

Breed: _____ Color: _____ Fixed? (circle one) Yes or No

Concerns:

_____