

Bakersfield Veterinary Hospital

Patient/Client Information

OFFICE USE ONLY

Receptionist Initials: _____

Date: _____

Welcome to BAKERSFIELD VETERINARY HOSPITAL. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

Client Number: _____

Your Name/Title _____ Spouse/Partner _____

Address _____ City _____ Zip _____

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

Your E-mail Address _____ Spouse e-mail/phone # _____

Your Employer Name and Address _____

Driver's License Number _____ State _____ Expiration Date: _____

Last 4 digits of Social Security Number _____ Date of Birth _____

In Case of EMERGENCY, please call _____

How do you prefer to be notified of reminders? Phone Message _____ E-Mail _____ Post Card _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign

Yellow Pages Ad

AAHA Referral

Internet

Referred by _____

- **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**
- **50% DEPOSIT IS REQUIRED FOR PETS BEING ADMITTED INTO THE HOSPITAL.**

We accept cash, checks drawn from any local banks, VISA, MasterCard,
Discover Card, American Express, and Care Credit

Signature _____ Date _____