BONNIE BRAE
VETERINARY HOSPITAL

Bonnie Brae Veterinary Hospital
155 Shuford Road, Columbus, NC 28722
T: (828) 894-6064 F: 866-523-6755
E: clientcare@bonniebrae.vet

Office Use Only:
Client #: _____
Dr Seen: _____
Records Requested: ☐ Yes ☐ No
Date: _____ Initials: _____

NEW CLIENT FORM

Please complete the following information as accurately as possible, and return this form during your scheduled visit.

Guardian (Owner): Title:_____ First Name:_____ M.I.:_____ Last Name:_____

(Co-Owner/Spouse): Title:_____ First Name:_____ M.I.:_____ Last Name:_____

Mailing Address: _____ _____ _____ _____
City *State* *Postal Code*

Email Address: _____ *(This is used to send reminders of upcoming services due, appointment reminders & important information.)*

How did you hear about us? ☐ Facebook ☐ Google ☐ Phone book ☐ Drive by ☐ Website ☐ Newspaper Ad
☐ Friend/Family - *(please indicate name):* _____ ☐ Other: _____
Community Event: ☐ FHS Animal Fair ☐ GROfest ☐ Music in the Park/Summer Tracks ☐ Tryon Beer Fest
☐ Big Brother Big Sisters ☐ Super Saturday ☐ Tryon Finer Arts Center

Phone Numbers: *(Note: Phone #1 will serve as the Primary contact)*
1. _____ Type: _____ Contact Person Name: _____
2. _____ Type: _____ Contact Person Name: _____
3. _____ Type: _____ Contact Person Name: _____

Companion Animal (Pet)
Name: _____ **Gender:** ☐ Female ☐ Spayed Female ☐ Male ☐ Neutered Male
Date of Birth: _____ or Approximate Age: _____ Species: _____
Breed: _____ Color: _____ Markings: _____

This pet is: ☐ Indoor ☐ Outdoor ☐ Indoor/Outdoor

Does your pet go to boarding facilities, parks or grooming facilities? ☐ Yes ☐ No

***** For our staff, as well as for your own safety, has your pet ever shown any aggression? (we will still love them!) *****
☐ Yes, *please explain:* _____ ☐ No

Does your pet have any known allergies?
☐ Yes, *please indicate:* _____ ☐ No
We often use **PEANUT BUTTER** as a distraction or treat. Do you consent to your pet having peanut butter? ☐ Yes ☐ No

Is your pet up to date on vaccinations? ☐ Yes ☐ No
If you have not brought a copy of the vaccinations with you today, which hospital do we need to call to obtain these?
_____

Is your pet covered by Pet Insurance? ☐ Yes, *please indicate:* _____ ☐ No

Cancellation Policy:
Your appointment is very important to us and is reserved especially for you! Should you need to cancel or reschedule your appointment, we respectfully request a minimum of 24 hours notice for exams/services and 48 hours for surgical appointments, in order to accommodate other clients who need to be seen. Repeated late cancellations and missed appointments may result in a fee being applied to your account equal to 50% of the service being provided.

I understand that I am responsible for payment in full each time services are rendered for any and all of my pets.

_____
Owner's Signature

Date: _____

eSignature Acknowledgement
☐ *By checking this box, typing your name in the Owner's Signature field (on left) and returning this form to us electronically (via email), you acknowledge and agree that your typed name will serve as your electronic signature and shall have the same effect as signing your physical signature by hand.*