



Bridgewater Veterinary Hospital, Inc.

Client Application Form

Date _____ Last Name _____ First Name _____

Spouse's First Name _____ Last Name _____

Address _____ City _____ State _____ Zip code _____

Main Contact Number _____ Secondary Contact Number _____

Email Address _____

How were you referred to Bridgewater Veterinary Hospital?

Sign [] Yellow Pages [] Previous pet was seen here [] Internet []

Friend/Neighbor [] May we have that name, please? _____

Your Occupation _____ Spouse's Occupation _____

Emergency Contact _____ Emergency Telephone _____

Patient Information

Pet's Name _____ Dog [] Cat [] Breed _____ Sex _____ Neutered? Yes No

Color and Markings _____ Birthdate _____ Microchip # _____

Has your pet ever bitten anyone? Yes. No. Where did you get your pet? _____

Previous illness, injuries, behavior problems _____

Payment is expected at the time services are rendered. Please feel free to ask the attending veterinarian for a written estimate before any procedures are performed. A deposit may be required before medical or surgical procedures are performed.

I certify that I am the legal owner or agent of the above-described animal and I agree to pay all fees at the time services are rendered. I understand that I will be assessed a \$30 service charge if a check that was used to pay my account is returned to you for any reason.

Signature _____