

WELCOME TO OUR PRACTICE

Bethany Centennial Animal Hospital
10176 Baltimore National Pike
Ellicott City, Maryland 21042

CLIENT INFORMATION:

NAME _____
SPOUSE NAME _____
ADDRESS _____

E-MAIL ADDRESS _____
HOME PHONE #: () _____
WORK PHONE #: () _____
CELL PHONE #: () _____

MD driver License # _____

Method of payment:

MC _____ Visa _____
Am Ex _____ Discover _____
Cash _____ Check _____ **

**A \$30.00 fee will be charged on every returned check. Past due accounts are subject to all costs of collection, including attorney's fees.

PATIENT INFORMATION:

Please circle: CANINE FELINE FERRET GUINEA PIG RABBIT HAMSTER

PET NAME: _____
SEX: _____ Circle: NEUTERED or SPAYED
BREED: _____
COLOR: _____
DATE OF BIRTH: ____/____/____

DOG:
DHLPP: ____/____/____
BORDETELLA: ____/____/____
LYME: ____/____/____
HW/LYME/ERH: ____/____/____

RABIES TAG#: _____
Date of last rabies vaccine: ____/____/____

TEST
CAT:
FVRCP: ____/____/____
LEUKEMIA: ____/____/____
DECLAWED: YES or NO

Please list any chronic health problems, past surgeries, or pertinent medical history.

How did you first hear about us?

_____ Verizon Superpages _____ Personal recommendation
_____ Yellow Book _____ Saw Our Sign
_____ Community Phone Book(red) _____ Professional Referral
_____ Internet Search _____ Website
_____ Were Previous Client _____ Other (please specify)

If referred, whom may we thank for recommending us: _____

Do you have any other pets at home? If so please provide information below:

Pets name _____ Species _____ Breed _____ Age _____
Pets name _____ Species _____ Breed _____ Age _____

Thank you for your help in completing our records.

Signature _____ Date _____