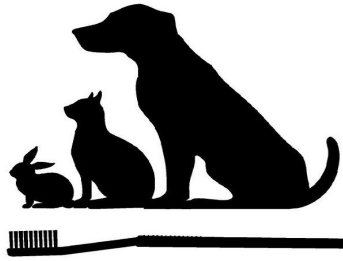


Bridgton Veterinary Hospital & Dental Care Center



Welcome

We know your pet's health is important, and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank you!

REGISTRATION

Owner Name: _____ Date: _____
Co-Owner's Name: _____
Address: _____
City, State, Zip: _____
Primary Phone Number and Name of who's #: _____
Secondary Phone Number and Name of who's #: _____
Primary Cell: _____ Email: _____
Emergency Contact Name: _____ Phone: _____
How did you learn about our clinic? Sign Outside Yellow Pages Facebook Website
 Newspaper Recommendation Other: _____
If recommended, by whom? _____
Number of pets: Dogs: _____ Cats: _____ Other (Specify): _____
Reason for Visit: _____

PET HEALTH HISTORY

Name of Pet: _____ Dog Cat Other: _____
Breed: _____ Color: _____ Sex: _____ Neutered? Y N
Birthdate/Age: _____ Microchipped? _____
Has your pet had vaccines? If yes, where were they done: _____

Pet's current medications/supplements: _____

Describe your pet's diet: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I, also, understand that these charges will be paid in full at the time of service and that a deposit may be required for surgical treatment.

***Signature of Owner:** _____ **Date:** _____

**Must be 18 years of age or older*

Preferred Method of payment: Cash Check Mastercard Visa Other:
