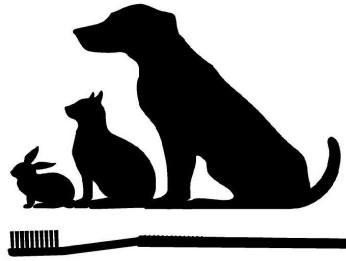


Bridgton Veterinary Hospital & Dental Care Center



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? Yes No

Has your pet had vaccines? Yes No

Previous and/or Referring Veterinarian: _____

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*

Payment Method: Cash Credit Card Care Credit Scratch Pay Other:

Sorry No Checks Accepted