

WELCOME TO
BATTLEGROUND
HOSPITAL FOR ANIMALS

Owner Name: _____

Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail address: _____

Would you like to receive reminders via E-mail? **YES** or **NO**

Employers Name & Address: _____

Spouse's/ Other's Employer & Address: _____

In case of an EMERGENCY, please call (name and phone number): _____

Pets Name (1): _____ **Pets Name (2):** _____

Cat/ Dog/ Other: _____ Cat/ Dog/ Other: _____

Date of Birth: _____ Date of Birth: _____

Sex: Male/ Female Neutered/Spayed Sex: Male/ Female Neutered/Spayed

Breed: _____ Breed: _____

Color: _____ Color: _____

List of names and types of any other animal you own: _____

Reason for Visit: _____

Has your pet been treated for any illness in the past year? **Yes** or **No**

Please specify problem(s), medication(s), and dosage if

known: _____ May we have

permission to obtain any previous veterinary medical and vaccine records from previous veterinarian (s): **YES** or **NO**

Previous veterinarian name and phone number _____

How did you hear about us? Yellow pages/ Drive By/ Facebook/ Internet/

Referral: _____ Other: _____

Have you been referred to one of our doctors in particular? _____

I assume responsibility for all charges incurred in the care of this animal(s). I also understand that all charges will be paid at time of service and prior to patients release. A deposit may be required for surgical and/ or emergency treatment. Battleground Hospital for Animal, LLC accepts cash, check, credit cards, debt cards and Care Credit. I understand that a 1.5% per month service charge will be applied to all unpaid balances. I understand that any balance that goes unpaid for 90-days will be turned over to a third party collection service. If my account is turned over to collections, I understand that I will be responsible for all costs of collections, including but not limited to court costs, attorneys fees and collection fees accrued by the third party collect service. _____ (Initial)

Who will be responsible for authorizing procedures and/ or paying for services? _____

Signature: _____ Date: _____