



Welcome to Bradford Veterinary Clinic

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have concerning your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!!!

Registration

Date _____ Pet Name _____

Owner _____ Spouse _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Spouse Cell Phone _____

Emergency/Spouse Contact _____

E-mail address* _____

*we will never sell or distribute your email, we use this for communication of bloodwork, newsletters, special events and other offers

How did you learn of our clinic? Yellow Pages Sign Recommendation Internet Other

If Recommendation, referred by whom _____ (please let us know, we love to give credit where it is due!)

AUTHORIZATION / ACCOUNT INFORMATION

I hereby authorize the veterinarian of Bradford Veterinary Clinic to examine, prescribe for, or treat my animals. I assume responsibility for all charges incurred in the care of this animal. I also understand that all charges incurred are due in full at the time of release and that a deposit may be required for surgical treatment. I also understand that if for any reason my account is overdue or sent to collections, I am also responsible for any bank, interest, collection and/or attorney's fees.

Signature of Owner or Guardian: _____

For staff use:

Client Id _____

