

Best Friends Veterinary Center



Date _____

Please fill out form completely

Adult Owner's Last Name _____ First Name _____ Middle Int _____

Address _____

City _____ Zip Code _____

Home Phone (_____) _____ Owners Cell Phone (_____) _____

Employer _____ Work Phone _____

DL# _____ Date of birth _____

E-Mail Address: _____

What method of payment will you be using to pay your bill today?

Payment method: Check _____ Cash _____ M/C or Visa _____ Discover _____

Other Responsible Adult Last Name _____ First Name _____

Relationship to Owner: Spouse Partner Child over 18 yrs. Other _____

Other Responsible Adult Employer _____

Other Responsible Adult Work Phone (_____) _____

Other Phone/Fax/Cell # (_____) _____ or (_____) _____

Please list all authorized adults over the age of 18 yrs that are allowed to make medical and financial decisions for your pets: Name _____ Relationship _____

Name _____ Relationship _____

Pets Name _____ Date of Birth _____ Sex _____ Spayed/Neutered _____

What kinds of pets do you own and how many?

Dogs _____ Reptiles _____ Ferrets _____ Rats _____ Mice _____ Birds _____

Cats _____ Rabbits _____ Hamsters _____ Gerbils _____ Other _____

Are you new to the Ozaukee area? Yes No If yes, from where? _____

How is it best to contact you for reminders about your pet's needs? Mail Phone Fax Email

May we post digital pictures of your pets on our website? Yes No

How much time do you spend on the internet? Daily Weekly Monthly Never

How did you hear about Best Friends Veterinary Center? Yellow Pages _____ Drive By _____

Newspaper Ad _____ News for New Friends _____ From Whom? _____

Referral (Whom may we thank)? _____

Thank you for allowing us to care for your pet!

Office Use: Welcome _____ Referral _____ Pet Portal Info _____