

BEST FRIENDS PET CLINIC  
NEW CLIENT/PATIENT FORM

OWNER'S NAME: \_\_\_\_\_

ADDITIONAL OWNER: \_\_\_\_\_  
(This person is authorized to pick up, drop off, and/or pay for your pet.)

MAILING ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

ADDITIONAL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

How would you like to receive reminders  
for your pet?

- Postcard
- Text
- Email

How would you like our clinic to contact you  
if your pet is here for the day?

- Phone Call
- Text
- Email

|             |              |                |
|-------------|--------------|----------------|
| PET'S NAME: | PET'S BREED: | PET'S AGE/DOB: |
|             |              |                |

PET'S SEX:

- Male
- Female
- Unknown

IS YOUR PET SPAYED/NEUTERED?

- Yes
- No
- Unknown

|                               |                                    |                              |
|-------------------------------|------------------------------------|------------------------------|
| PET'S CURRENT<br>MEDICATIONS: | PET'S PREVIOUS<br>VETERINARIAN(S): | WHO REFERRED YOU TO<br>BFPC: |
|                               |                                    |                              |

**PHOTO/STORY CONSENT:** We love posting pictures of your sweet babies on our social media! Do we have your permission to share your pet's image and/or story on our clinic's social media? Your personal information will **never be shared**.

- Yes, I authorize Best Friends Pet Clinic to share my pet's photo or story.
- No, I do not authorize this.

**TREATMENT CONSENT:** I hereby authorize the veterinarian to examine, prescribe for or treat my animals. I assume responsibility for **all charges** incurred in the care of this animal. I understand that payment is always due **IN FULL** at time of service. I recognize that financial concerns should be discussed **PRIOR** to exam and treatment.

OWNER'S SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_