



Welcome to Berry Hill Veterinary Center

Please complete the following form so that we may get to know you and your pet better.

Owner Name: _____
First Last

Co-Owner's Name: _____
First Last

This person will also have authorization to approve services and make changes to the account.

Address: _____
Street

_____ City State Zip

Preferred phone number: _____
home / cell / work

Alternative phone numbers: _____
home / cell / work

Email Address: _____

We send appointment reminders via text and email. If you would **NOT** like to be reminded this way, please initial here _____

Place of Employment: _____ (Work Phone) _____

I certify that I am over 18 years old and this pet belongs to me.

Pet's Name: _____ Species: _____ Sex: _____ Spayed/Neutered (Y / N)

Breed: _____ Age: _____ Color: _____

Microchip #: _____ Allergies: _____

Known Medical Issues: _____

How did you learn about Berry Hill Veterinary Center? (Please check as many as apply)

Location Website Google/Internet Referral: _____

Previous veterinarian: _____ Reason for changing (optional): _____

Photo Consent: We love social media! Do we have your permission to share your pet(s) image and story on social media, our website, and other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

Yes, I authorize BHVC to share my pet's photo & story.

No, I do not authorize this.

Treatment Consent: I hereby authorize the veterinarian to examine and treat the above described pet. 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: _____ Date: _____