

Client Registration Form
Brea Veterinary Hospital
675 S. Brea Blvd.
Brea, CA 92821

Please Circle Appropriate Name Prefix
Dr.
Mr.
Mrs.
Ms.

_____ **Date** _____
Last Name First Name Middle Init

Address _____
Number Street Apt. City Zip code

Home# (____) _____ **Cell#** (____) _____ **E-Mail** _____

Spouse/Co-Owner/Agent _____ **Contact#** (____) _____

The above named person has legal authorization for treatment/care of my pet(s) (initial) _____

Referred By: _____

Pet Information

Pet' Name _____ **O Canine/Dog O Feline/Cat**
Male O Neutered O Female O Spayed O

Breed _____ **Color** _____ **Date of Birth** _____

Vaccine History

Dog Vaccine Dates: _____
DHPPC/Distemper/Parvo Bordetella/Kennel Cough Rabies Other

Cat Vaccine Dates: _____
FVRCP/ Feline Distemper FeLV/ Leukemia Rabies Other

Previous Veterinarian _____ **Phone#** _____

We invite you to participate in our online system. Features include:

- *Request Appointments
- *Receive Text Message Appointment Reminders
- *Refer Your Friends Online
- *Confirm Appointments via Email
- *Submit Client Satisfaction Surveys

***** Please *initial* the following releases:**

I would like to receive Text Messages- YES _____ NO _____

I would like to receive E-mail messages- YES _____ NO _____

Pet Photos- I agree to allow Brea Veterinary Hospital to use photos taken at their facility to be shown on social media platforms such as Brea Veterinary Hospital website, Instagram and Facebook. I understand that I will not receive compensation in return for use of my pet's photos. Yes _____ No _____

I AM THE OWNER OF THE ABOVE PET(S), OR AM ACTING AS AN AGENT FOR THE OWNER, AND ACCEPT FULL FINACIAL RESPONSIBILITY. I UNDERSTAND PROFESSIONAL FEES ARE TO BE PAID AT TIME THEY ARE RENDERED.

SIGNATURE OF OWNER/REPRESENTATIVE _____

Payment Policy

We are pleased to offer our clients the convenience of accepting all major credit cards, in addition to cash, for any services rendered at our animal hospital. Please note that payment is due at the time of service. We do not offer payment plans or billing. We do not accept checks.

Credit cards accepted at BVH:

- Visa
- Mastercard
- American Express
- Discover
- CareCredit

Many of our clients use pet insurance to help defray the cost of medical care for their pet. If you have pet insurance, please let a veterinary care coordinator know so that we can assist you with your claim forms.

CareCredit®

Whether it's a routine checkup or emergency surgery, you shouldn't have to worry about how to get the best medical care for the pet you love. That's why we're pleased to offer CareCredit®, North America's leading client payment program. CareCredit lets you say "yes" to the best treatment for your pet immediately, and pay for it over time with low monthly payments that fit easily into your budget.

Like a credit card, but better. CareCredit works just like a regular credit card, but without high interest rates, annual fees or pre-payment penalties. CareCredit offers no-interest and low interest payment terms, zero hidden fees, and low minimum monthly payments. You can use your CareCredit card over and over for all your pet's follow-up care as well as annual exams and vaccines. So you can focus on what really matters, like playing fetch and learning new tricks.

With CareCredit:

- Enjoy low minimum monthly payments
- No-Interest Payment Plan options
- Start your pet's treatment immediately

Learn more by visiting CareCredit.com or asking us for details.

I UNDERSTAND AND PROFESSIONAL FEES ARE TO BE PAID AT TIME THEY ARE RENDERED.

SIGNATURE OF OWNER/REPRESENTATIVE _____
