



**WELCOME TO
BELLWOOD ANIMAL HOSPITAL**
Website: www.Bellwoodvets.com

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to share the important information requested below. **PLEASE PRINT**

Client #: _____ Date: _____

Last Name: _____ First Name: _____

Spouse/Other: _____

Address: _____ Zip: _____

_____ Main Phone: _____

City: _____ State: _____ Cell #: _____

County: _____ Spouse/Other Cell #: _____

Doctor Preference: _____ Email Address: _____

Why Did You Select Us? _____

Who May We Thank for Your Referral? _____

We will gladly prepare a written estimate if you desire (please ask our doctor or technician). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** *In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take MasterCard, Visa, Discover, American Express, Debit Cards and Care Credit.* There will be a \$25.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from intestinal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Responsible Agent for Pet(s): _____

Date: _____

For Office Use

Data Updated: _____ Card Sent: _____ Referral Processed: _____

Revised: 08-02-17