

# Bethel Animal Hospital

## WELCOMES YOU



Owner \_\_\_\_\_ Co-Owner \_\_\_\_\_

Address \_\_\_\_\_ City, State & ZIP \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Co-Owner Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Can we send email reminders: Yes No

Reason for this visit \_\_\_\_\_

Who referred you to Bethel? \_\_\_\_\_

**Pet(s) Information:**

Pet's Name				
Species				
Breed				
Color				
Birthday/Age				
Sex Spayed/Neutered				
Flea/Tick Prevention				

**PAYMENT IS REQUIRED when services are rendered!**

We accept cash, all major credit cards, & Care Credit, which you can be approved in as little as minutes. I have read and understand the above statements and agree to all terms therein. As the owner, or authorized agent, of the above-named pet, I hereby consent and authorize the hospital to receive, prescribe, treat or operate on this pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

