

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 _____ Age/B-Day _____

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# _____

For your convenience we participate in an online communication system.
Features include:

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

You will be automatically be enrolled. If you wish to opt out of this system
please contact us after receiving your first text/email.

*** Please *initial* the following release:

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 FINANCIAL RESPONSIBILITY.

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 _____