



NEW PET REGISTRATION FORM

(Please Print)

Please provide us with a copy of your pet's current medical records.

Today's date:

PATIENT INFORMATION		BVC ACCT#
Name		
Species		
Breed		
Color		
Age		
Date of Birth		
Length of Time Owned		
Sex		
Neutered/Spayed		
Microchip Number		
Previous Veterinarian		
Date of Last Exam		
Do you have Pet Insurance?		

We pledge to do our very best to care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet. Payment is required at the time services are rendered. We accept major credit cards, cash, checks and CareCredit. We may also require deposits for certain services. By signing this form, you agree to pay for all charges incurred in the care of this pet.

Owner Name

Owner signature

Date