Welcome to Brentwood Veterinary Hospital

Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

Owner's Name:_____ Spouse's Name:_____

Address: _____ City_____ Zip_____
(Please provide your Complete address including city, state & zip)

Driver's License Number: _____ State: _____Exp.Date: _____

Phone Number:_____ Is this a home/work/or cell? (circle one) Contact:_____
Phone Number:_____ Is this a home/work/or cell? (circle one) Contact:_____
Phone Number:_____ Is this a home/work/or cell? (circle one) Contact:_____
Phone Number:_____ Is this a home/work/or cell? (circle one) Contact:_____

Please list individuals authorized to request treatment for your pets:

_____

Email address:_____

At Brentwood Veterinary Hospital, we strive to be as environmentally friendly as possible. We often find that email communication is more effective than standard mail. If you provide us your email address, we will send you important health information regarding your pet, as well as updates regarding our hospital, recalls, etc. throughout the year. Your email will be used only by Brentwood Veterinary Hospital.

How did you hear about us? (circle one)

Google Yellow Pages Sign Friend/Relative Our Website Facebook AAHA Yelp Other

If recommended, who may we thank?_____

Pet name	Cat	Dog	Birthdate	Sex	Neutered	Breed	Color

If your pet requires medication at home, you or your family be handling certain medicines. Are you or any member of your family allergic to any medications? YES NO
If YES, please list_____

The State Board of Veterinary Examiners requires that owners of animals to be hospitalized be notified and understand that this facility does not have 24 hour nursing staff. Therefore, if your pet is hospitalized overnight, there will be periods of time when he/she will not be under direct supervision. Please feel free to inquire about this or any other hospital policies.

I hereby authorize the veterinarians at Brentwood Veterinary Hospital to examine, prescribe for, and treat the above described pets. Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatments to ensure proper medical care. I agree to pay for all services rendered and medications, good and supplies when purchased. I understand that a deposit will be required for surgical or medical treatment. I further understand that payment is required at the time services are rendered and that Brentwood Veterinary Hospital does not offer payment plans.

Signature of Owner or Agent: _____

Date: _____

Brentwood Veterinary Hospital

4519 O'Hara Ave. | Brentwood, CA 94513 | Phone 925-634-1177 | Fax 925-634-4503

Financial Policy

Thank you for choosing Brentwood Veterinary Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Brentwood Veterinary Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Plans[1] from CareCredit®
    - Allow you to begin treatment today and pay over time
    - Available for any treatment amount
    - Can be used repeatedly - for your entire family - without having to reapply[1]

Deposit & Billing:

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care, may require a deposit to begin your pet's treatment. **A treatment plan and estimate for the cost of services will be provided on request prior to any diagnostics or treatments or at any point during your office visit.**

Additional Policy Information:

Brentwood Veterinary Hospital charges $25 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

[1]Subject to credit approval

_____

Client Signature Date

_____

Patient(s) Name