



# Belvedere Veterinary Center

5857 York Rd. Baltimore, MD 21212

Phone: 410-999-3300 Fax: 410-999-3301

E-mail: [mail@belvedereveterinarycenter.com](mailto:mail@belvedereveterinarycenter.com)

[www.belvedereveterinarycenter.com](http://www.belvedereveterinarycenter.com)

## New Client Registration

**\*\*Must be 18 years of age or older and provide a Driver's License or State ID\*\***

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Can we send text messages? \_\_\_\_\_ E-mail: \_\_\_\_\_

Pet Insurance Provider: \_\_\_\_\_ Policy Number (if known): \_\_\_\_\_

How would you prefer to be contacted regarding your pet(s)?  Cell  Home  Work  Text  Email

In case of an **EMERGENCY**, please call \_\_\_\_\_ at phone number \_\_\_\_\_

How did you first hear about our hospital?  Yellow Pages  Homeland Life  Craigslist

Google Search  Facebook  Walk By  Angie's List  Yelp

Other: \_\_\_\_\_  Individual; whom may we thank? \_\_\_\_\_

**PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED**

Please indicate payment methods you will be using, **WE DO NOT ACCEPT CHECKS.**

American Express  Visa  MasterCard  Discover  Cash

Care Credit

I consent to have my pet's photo posted on the internet.

On your request, we will provide you with an estimate of fees for any hospital treatment, emergency care, surgery, or hospitalization. A deposit prior to treatment will be required and will be determined based on the amount of the estimate.

To prevent the spread of infectious diseases and parasites, all in-patients, out-patients, and grooming pets must be current on all vaccinations and be free of parasites.

I understand this to be the strict policy of the clinic and authorize the doctors to provide my pet(s) with vaccinations and parasite control as needed.

\_\_\_\_\_ *Please Initial:* A **\$25.00** fee will be charged for appointments cancelled or missed with less than 24-hour notice.

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



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## New Patient Information Form

Pet's Name: \_\_\_\_\_ Date of Birth (estimated): \_\_\_\_\_

Species: (Please circle one) DOG / CAT / BIRD / RODENT / FERRET / RABBIT / OTHER: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: MALE / FEMALE Has your pet been spayed or neutered? YES / NO

Medical conditions/concerns? \_\_\_\_\_

Dry Food Brand: \_\_\_\_\_ How Much/How Often? \_\_\_\_\_

Wet Food Brand: \_\_\_\_\_ How Much/How Often? \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth (estimated): \_\_\_\_\_

Species: (Please circle one) DOG / CAT / BIRD / RODENT / FERRET / RABBIT / OTHER: \_\_\_\_\_

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Wet Food Brand: \_\_\_\_\_ How Much/How Often? \_\_\_\_\_