**Welcome to Briarcliff Animal Clinic!**

**Pet Owner Information**

**Prefix** (Check one): ( ) Mr. ( ) Ms. ( ) Mrs. ( ) Dr.

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Apt/Unit#**:\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_ **County:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Owner Name-** If you would like another authorized person on your account (Spouse, family member, co-owner), please provide their name:

 **First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you like to receive your pet’s medical reminders?** ( ) E-mail ( ) Mail

**Primary Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_( ) Cellular ( ) Home ( ) Work Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Add’l Phone #:** (\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_( ) Cellular ( ) Home ( ) Work Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Add’l Phone #:** (\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_( ) Cellular ( ) Home ( ) Work Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** ( ) Internet Search ( ) Friend/Existing Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Species**: ( ) Dog ( ) Cat ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** ( ) Female ( ) Male **Spayed/Neutered?** ( ) Yes ( ) No ( ) Unknown

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_ Yrs \_\_\_\_\_\_ Mos\_\_\_\_\_\_Wks

**Breed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Color and pattern:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your pet up to date on vaccines (including Rabies)?** ( ) Yes ( ) No ( ) Unknown

***Note:*** *Medical records are required to confirm vaccination status.*

**Known drug allergies or medical problems:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Care Veterinarian-** If you are a visiting or emergency client and have a primary veterinarian to whom we should send records, please provide clinic name and fax # or email:

\**Please note that if you’re a referral client with a primary vet, you will not receive reminders from us.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(See reverse to provide additional pets’ information)***

**I certify that all information on this form is complete and accurate to the best of my knowledge, and I release Briarcliff Animal Clinic of any liability arising in whole or in part from any information that is not correct. I understand that payment is due at time of service, via Visa, Mastercard, American Express, Discover, Debit, Care Credit, Check or Cash.**

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

**Additional Pet Information**

**Pet's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Species**: ( ) Dog ( ) Cat ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** ( ) Female ( ) Male **Spayed/Neutered?** ( ) Yes ( ) No ( ) Unknown

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_ Yrs \_\_\_\_\_\_ Mos\_\_\_\_\_\_Wks

**Breed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Color and pattern:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your pet up to date on vaccines (including Rabies)?** ( ) Yes ( ) No ( ) Unknown

**Known drug allergies or medical problems:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Species**: ( ) Dog ( ) Cat ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** ( ) Female ( ) Male **Spayed/Neutered?** ( ) Yes ( ) No ( ) Unknown

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_ Yrs \_\_\_\_\_\_ Mos\_\_\_\_\_\_Wks

**Breed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Color and pattern:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your pet up to date on vaccines (including Rabies)?** ( ) Yes ( ) No ( ) Unknown

**Known drug allergies or medical problems:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Pet's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Species**: ( ) Dog ( ) Cat ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** ( ) Female ( ) Male **Spayed/Neutered?** ( ) Yes ( ) No ( ) Unknown

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_ Yrs \_\_\_\_\_\_ Mos\_\_\_\_\_\_Wks

**Breed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Color and pattern:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your pet up to date on vaccines (including Rabies)?** ( ) Yes ( ) No ( ) Unknown

**Known drug allergies or medical problems:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_