BEACON VETERINARY HOSPITAL

3126 US HWY 70, Suite 102
Black Mountain, NC 28711
Phone 828-686-3828 ~ Fax 828-686-7093
www.mybeaconvet.com

New Client Form

Client Name (That's You!) Last: _____ First: _____

Mailing Address: _____

City: _____ State:_____ Zip Code: _____

Physical Address (if different): _____

City: _____ State:_____ Zip Code: _____

Preferred Contact Number: _____ (circle) Cell Home Work Other: _____

Secondary Phone Number: _____ (circle) Cell Home Work Other: _____

Preferred Contact Email: _____

(By providing your email address, you agree to allow us to contact you regarding your pets' care. Please be advised that we will never sell or use your information maliciously.)

Spouse/significant Other: _____ Cell: _____

Previous Veterinary Office: _____ Phone Number:_____

Patient(s) Information

	Pet #1		Pet #2		Pet #3	
Pet(s) Name						
Date of Birth or Approx. Age						
Canine/Feline (Circle)	Canine	Feline	Canine	Feline	Canine	Feline
Breed						
Color						
Sex	Male	Female	Male	Female	Male	Female
Neutered/Spayed (Circle)	Yes	No	Yes	No	Yes	No
Vaccine Status (Circle)	Current	Overdue	Current	Overdue	Current	Overdue
Medical Problems						
Behavior Problems						
Special Concerns/Requests						
Pet Insurance Provider						

How did you hear about us? (circle) *Drive-By Internet Search Referral Other:* _____

Who referred you? We want to personally thank them! _____

We love social media! Do we have your permission to share your pet's image and story on our social media and/or website? Your name and personal information will never be shared; we only use your pet's first name. (circle) YES NO

By signing and submitting this registration, I understand I am responsible for any charges incurred by my pet while in the care of the doctor(s) at Beacon Veterinary Hospital and that charges are due and payable at the time of service.

Signature: _____ Date: _____