BarburVet - Client Registration

Primary Contact: _____ Secondary: _____

Address_____
street address city state zip code

BEST contact number for doctor to reach you regarding your pet:_____

Other contact numbers (please specify if work, etc): _____

Our Hospital utilizes email correspondence to forward doctor's exam notes, lab results and reminders for tests and vaccinations. We will not share your information with anyone or spam your inbox.

Email address: _____

How did you hear about us? ☐ Angie's List ☐ Facebook ☐ Website

☐ Drive By ☐ Community Event: _____

☐ Recommended By:_____ They will receive a $10 credit on their account!

Pet 1

Name:_____

☐ Dog ☐ Cat ☐ Other:_____

Breed:_____ Color:_____

Sex: ☐ Male ☐ Female ☐ Neutered/Spayed

Date of Birth/Approximate Age:_____

Pet 2

Name:_____

☐ Dog ☐ Cat ☐ Other:_____

Breed:_____ Color:_____

Sex: ☐ Male ☐ Female ☐ Neutered/Spayed

Date of Birth/Approximate Age:_____

Previous Veterinary Hospital/Clinic: _____

Pet insurance provider: _____

BarburVet may take photos of your pet for educational and promotional purposes including Facebook, business website, or brochures. We will not reference personal information. We may refer to pet's name, age, gender or breed.

☐ Check if you wish to decline

Estimated costs are reviewed and authorized for services. Payment in full is due upon completion. Dental and Surgical appointments require a $200 deposit at the time of booking. This deposit is applied towards the balance of the service and is non-refundable if appointment is cancelled without 48 hours notice. Financial preauthorization is secured for hospitalized patients. I fully understand and agree to this policy.

Client Signature:_____ Date:_____