



## Welcome To Our Clinic

Thank you for the opportunity to care for your pet.  
To ensure the best care we can offer, please fill out this form completely.  
Please print legibly. Thank you.

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

Owners Name(s) \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Additional Owner \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Text Message: \_\_\_\_\_

I authorize the following persons over age 18 to seek care for and sign treatment plans regarding my animal(s): \_\_\_\_\_

How did you hear about us? Internet \_\_\_\_\_ Drove By \_\_\_\_\_ Print Ad \_\_\_\_\_ Other \_\_\_\_\_  
Personal Recommendation: \_\_\_\_\_ Who may we thank? \_\_\_\_\_

### All fees are due at the time services are rendered

#### Authorization:

I authorize Bear Creek Animal Clinic and all assistants of its choice to render and perform any necessary surgical operations and/or medical treatment upon my animal(s) as deemed necessary or advisable while my animal(s) are in custody and possession of the Hospital if I am unable to be reached. I release the Hospital and its assistants from any liability by reason of this disclaimer.

I understand that veterinary service is provided after office hours as the veterinarian in charge deems it to be necessary. However, the continuous presence of qualified personnel may not be provided after hours. I understand that animals not picked up within the time designated will be charged an additional fee. Any animal not picked up within a timely manner, without prior arrangement, will be deemed abandoned and appropriate steps will be taken.

I further understand that no guarantee of successful treatment is made. **All fees are to be paid at the time of release of my animal and I agree to pay all charges incurred during my pet's treatment and care.**

\_\_\_\_\_  
Print Name:

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



### ***Patient Information/Records Request Authorization:***

*Please complete the following to the best of your ability so we may better serve*

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

Pet Name: \_\_\_\_\_ Age/Birthday (If Known): \_\_\_\_\_  
Species/Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Microchip? Y or N      Chip # \_\_\_\_\_      If not Microchipped, are you interested? Y or N  
Sex      Male \_\_\_\_\_      Female \_\_\_\_\_      Neutered/Spayed?      Yes \_\_\_\_\_      No \_\_\_\_\_

Pet Name: \_\_\_\_\_ Age/Birthday (If Known): \_\_\_\_\_  
Species/Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Microchip? Y or N      Chip # \_\_\_\_\_      If not Microchipped, are you interested? Y or N  
Sex      Male \_\_\_\_\_      Female \_\_\_\_\_      Neutered/Spayed?      Yes \_\_\_\_\_      No \_\_\_\_\_

Pet Name: \_\_\_\_\_ Age/Birthday (If Known): \_\_\_\_\_  
Species/Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Microchip? Y or N      Chip # \_\_\_\_\_      If not Microchipped, are you interested? Y or N  
Sex      Male \_\_\_\_\_      Female \_\_\_\_\_      Neutered/Spayed?      Yes \_\_\_\_\_      No \_\_\_\_\_

### **Authorization for Record Transfer**

To ensure accurate continuation of care, please send any and all records regarding my animals, including doctor notes, lab work, and vaccine history, to Bear Creek Animal Clinic. Please email all records including doctor notes, lab work, and vaccine history to bcac1955@gmail.com. If email is not available, please fax to 541-488-4866.

If you are unable to comply with this request for any reason, please contact the office at 541-488-0120.

\_\_\_\_\_  
Print Name:

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

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

Name, phone and location (if known) of previous veterinarians: \_\_\_\_\_

\_\_\_\_\_