

**BRASSFIELD ANIMAL HOSPITAL PLLC**  
**3205 Brassfield Road**  
**Greensbor, NC 27410**

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Apt. no. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Drivers License \_\_\_\_\_ State \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Spouse's Work Phone \_\_\_\_\_ Spouse's Place of Employment \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_ Pet's last vet hospital \_\_\_\_\_

**How did you become aware of our clinic?**  Drove By  Yellow Pages  Internet  Another Clinic

**Referred by Friend** — If referred by a friend, please print their name so we know whom to thank. \_\_\_\_\_

PATIENT INFORMATION	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
MALE / FEMALE			
SPAYED/NEUTERED			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet (s) on any special diets or medications? \_\_\_\_\_

**HOSPITAL PAYMENT POLICY**

- Payment is required when treatment is performed and before your pet is discharged.
- **No partial payments are accepted.** All charges are required in full at time of visit.
- For first time visit cash or credit card is required as payment only.
- A deposit is necessary for any hospitalized patients.