



BELLWOOD ANIMAL HOSPITAL

www.bellwoodvets.com

Bellwood Animal Hospital New Pet Form

Pet Name: _____

Dog Cat Other: _____ (circle one)

Breed/type: _____

Sex: Male Female (circle one) Castrated Spay (circle one)

Birth date: _____ Color: _____

Pet Name: _____

Dog Cat Other: _____ (circle one)

Breed/type: _____

Sex: Male Female (circle one) Castrated Spay (circle one)

Birth date: _____ Color: _____

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). This will be important to you since all professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take VISA, Master Card, Discover, or can establish a payment arrangement if approved in advance of the treatment. There will be a \$25.00 service charge for any check returned unpaid. There is interest charged on any unpaid bill after 30days, even if on a payment plan.

Signature of Responsible Agent for Pet(s) _____ Date _____