



# Bluffton Veterinary Hospital

Dedicated To The Care Of Your Family Pet

(843) 815-5898

21A Scott Way  
Bluffton, SC 29910

## Welcome to Bluffton Veterinary Hospital

Thank you for the opportunity to provide your pets with compassionate and professional veterinary medical care. We will work very hard to always earn the trust you have placed in us. We appreciate your assisting us in our records management by completing the following short questionnaire.

\_\_\_\_\_  
Owner Name (or responsible party)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Spouse/additional owner

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
E-mail Address to access your Pet Portal

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Cell Number

I learned of the hospital through:

\_\_\_\_\_  
friend/family (whom may we thank? \_\_\_\_\_)

\_\_\_\_\_  
hospital sign \_\_\_\_\_ telephone book

\_\_\_\_\_  
newspaper/magazine \_\_\_\_\_ other (please describe)

### Tell us about your pets:

<u>Pet Name</u>	<u>Species/Breed</u>	<u>Color</u>	<u>Male/Fem</u>	<u>Neutered y/n</u>	<u>Age/DOB</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Previous Vet: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, the undersigned owner, or owner's agent, consent to the examination and treatment of my pet by the staff of Bluffton Veterinary Hospital. I understand that an estimate of the costs of services will be provided upon request and I am encouraged to discuss all fees before services are rendered. I acknowledge that I am financially responsible for all bills incurred and I understand that payment is due when services are rendered

\_\_\_\_\_  
Owner (or responsible party)

\_\_\_\_\_  
Date