



Brisbane Veterinary Services
 14105 Earthworks Drive
 Smithville, MO 64089
 816-532-8852
 816-532-8854 FAX
 brisbanevet@gmail.com

New Client Information

Name: _____ Spouse/Partner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Spouse Phone: _____

Email Address: _____

Previous Veterinarian: _____

How did you hear about our hospital? _____

Pet Name			
Species			
Breed			
Age/DOB			
Sex (spayed/neutered)			
Color			

How will you be paying for todays services? Cash / check / credit or debit card / care credit

As the owner, or authorized agent, of the above-mentioned pet, I hereby consent and authorize the hospital to receive, treat, prescribe, or operate on this pet. I give Brisbane Veterinary Services permission to obtain my pet’s medical history from other animal hospitals, and to also give my pets medical information to other veterinary professionals when necessary. I understand that all fees are due and payable upon release of the patient.

Owner/Authorized Agent Signature: _____ Date: _____