

Gift Certificate

FROM: BLUE SPRINGS ANIMAL HOSPITAL & PET RESORT

FOR: NEW CLIENT 2ND OPINION EXAM

Present at your first visit along with your completed new client form and 2nd opinion questionnaire to receive a complimentary exam and 2nd opinion.
We looking forward to meeting you and your pet soon!

Limit 1 per client for 1st visit second opinon only, please.



www.bluespringsanimalhospital.com

1201 SW US Highway 40

Blue Springs, MO 64015

(816) 229-1544

* New Client Form Prints On Second Page



Welcome!

First Name _____ Last Name _____ Spouse/other _____ Date _____

Primary Phone _____ Alternate Phone _____ Alternate Phone _____

Email: _____

We will not share or "spam" your email. You will only receive important information related to your pet and your appointments at our hospital.

Street Address _____ City _____ State _____ Zip _____

Employer _____ Employer Ph # _____

Emergency Contact name/number: _____

Why did you choose us? Whom may we thank?

- Personal Referral _____
- Website (which one?) _____
- Sign/Drove by/Location _____
- Yellow Pages (which one?) _____
- Used us in the past _____
- Petland Other pet store _____
- Shelter/Humane Society _____
- Community event _____
- Other _____

Pet Information

Pet Name	Species? Dog/Cat/Other	Male or Female?	Spayed or Neutered?	Breed and Color?	Birthday Or Age?	Last vaccinated?

Our financial policy is "Payment when services are rendered" Please speak with a receptionist if you have questions. I will be paying for today's services with Cash Check Credit Card Debit Card Other: _____

Does your pet have pet health insurance? No Yes Insurance Company: _____

_____ (initial) I am 18 years of age or older and I am financially responsible for this account.

Signature: _____ Date: _____

New Client 2nd Opinion Questionnaire

If you are bringing your pet for a complimentary new client 2nd opinion, please complete the following:

Name _____ Pet Name _____ Date _____

Describe the problem which is prompting you to seek a 2nd opinion:

How long has this been a problem: _____

How many other veterinarians have treated your pet for this problem? _____

List any previous diagnostic tests for this problem and the results if you know them:

List any previous medications or treatments for this problem and describe your pet's response:

If possible please bring the following to your visit:

- Previous medical records including any lab work or xrays
- Any medications your pet is currently taking
- Any medications you still have that your pet previously took for this problem