

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.

Limit 1 per client for 1st visit second opinion only. Available with any doctor except Dr. Groh. To allow adequate time 2nd opinions must be scheduled for an early time slot in the day and are not available after 4 PM.



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 _____

- ❖ Our doctors may need to call you for lab results or other important patient information.
- ❖ We send most appointment confirmations and reminders by email and/or text message.
- ❖ We will not spam or share your email or cell phone.

Primary Phone _____ Cell Phone: _____ Spouse/Other Cell Phone: _____

Street Address _____ City _____ State _____ Zip _____

Email: _____ Employer: _____ Work Ph: _____

Why did you choose us? Whom may we thank?

- | | |
|--|--|
| <input type="checkbox"/> Personal Referral _____ | <input type="checkbox"/> Petland/Other pet store _____ |
| <input type="checkbox"/> Website (which one?) _____ | <input type="checkbox"/> Shelter/Humane Society _____ |
| <input type="checkbox"/> Sign/Drove by/Location | <input type="checkbox"/> Community event _____ |
| <input type="checkbox"/> Yellow Pages (which one?) _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Used us in the past | |

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: _____

<p>In Office Use: CID#</p> <p>_____ Entered in AVImark _____ DoubleCk _____ WTO Card _____ Referral Credit _____ Scanned</p>

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