



Welcome to Our Family!

Thank you for giving Bartels Pet Hospital the pleasure of caring for your pet!

Owner's Name _____ Spouse/Partner _____

Address _____

Email _____

Home Phone _____ Cell _____ Work Phone _____

Would you like to receive e-reminders? Yes No

Would you like to receive post card reminders? Yes No

Would you like to receive text reminders? Yes No

1) Pet's Name _____ Birthdate or Age _____

Dog Cat Other _____ Male Neutered Female Spayed

Breed _____ Color/Markings _____

Short Med Long-haired (circle one)

2) Pet's Name _____ Birthdate or Age _____

Dog Cat Other _____ Male Neutered Female Spayed

Breed: _____ Color/Markings: _____

Short Med Long-haired (circle one)

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.

Practice Name _____ City _____ State _____

How did you hear about us?

Drive by/sign Internet Referral Other - please specify: _____

Referral: Is there a client, business or organization we can thank for your referral?
