

**Bentley Animal Hospital**  
**New Client and Patient Information**

|                         |  |
|-------------------------|--|
| Client First Name       |  |
| Client Last Name        |  |
| Street Address          |  |
| City                    |  |
| State                   |  |
| Zip Code                |  |
| Cell Phone Number       |  |
| Alternate Phone Number  |  |
| E-mail Address          |  |
| Driver's License Number |  |
| Co-owner First Name     |  |
| Co-Owner Last Name      |  |
| Referred By             |  |

|                           |   |
|---------------------------|---|
| Patient Name              |   |
| Species (circle one)      | <i>Canine</i> <i>Feline</i> <i>Other:</i>                           |
| Breed                     |   |
| Color                     |   |
| Sex (circle one)          | <i>Male</i> <i>Female</i> <i>Neutered Male</i> <i>Spayed Female</i> |
| Birthdate/Approximate Age |   |

|                           |   |
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| Birthdate/Approximate Age |   |

If possible, please email your pet's medical records to us at [BAH@knology.net](mailto:BAH@knology.net).