



Lisa Wilkerson, DVM & Kelli Davis, DVM

7400 Washington Ave,
Ocean Springs, MS 39564
(228)872-2088
www.bigridgevet.com

CLIENT INFORMATION SHEET

Welcome to Big Ridge Veterinary Hospital. Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care before hello and beyond good-bye.

CLIENT INFORMATION

Last Name: _____ First Name: _____ Title: Mr. Mrs. Ms. Dr.
Address: _____ Zip: _____
Apt #: _____ Primary Phone: (____) ____ - ____
City: _____ State: _____ Cell Phone: (____) ____ - ____
County: _____
EMAIL ADDRESS: _____

Employer: _____ Work Phone: (____) ____ - ____
Spouse/Other Name: _____ Spouse Cell: (____) ____ - ____

For checks and pet prescription purposes, please provide your Driver's License number and date of birth.

Driver's License # _____ Date of Birth ____/____/____

NOTE: List of other people that have my permission to admit my pet(s) for minor medical treatment in case I am unable to admit them, with the understanding that these people will be financially responsible for services:

LIST: _____

**We require payment when services are performed. For your convenience, we accept:
Cash, Checks**, CareCredit**, MasterCard, Visa, Discover, & American Express**

****Driver's license must be present with any payment with a check and/or CareCredit.**

****There will be a \$40 fee for any returned check. Client will be responsible for any and all court fees.**

How will you be paying today? _____

I verify that all the information provided was accurate and that I am financially responsible for my pet(s).

Client Signature: _____ **Date** _____

Print Client Name: _____

Social Media Release: I grant Big Ridge Veterinary Hospital permission to post my pet's picture, story and medical information on social media.

Client's Signature

Date