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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: _____ Do we have authorization to send text messages? YES or NO
EMAIL ADDRESS: _____ Are you Military or First Responder? YES or NO

(Branch)

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, CareCredit, Scratch Pay, MasterCard, Visa, Discover & American Express

Driver's license must be present with all forms of payment except for cash.

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: _____

Deposit Fee(s)

Due to the high demand for appointments & increased number of no-show/cancellations we have the following policy:

New Clients: An appointment deposit fee of \$30 is required to book an appointment.

Existing Clients: After TWO no-show appointments/cancellations, you must pay an appointment deposit fee of \$30 when booking future appointments. (NOTE: \$100 surgery fee deposit for ONE missed/cancelled surgery appointment)

Deposit Fee is credited towards the booked appointment/surgery. However, if the appointment/surgery is missed or not cancelled 24 hours in advance, the deposit is forfeited. If rescheduled more than 24 hours prior to appointment, the fee will be left as a credit on your account.

Client Signature: _____ Date _____