

WELCOME TO OUR HOSPITAL!!

Thank you for giving us the opportunity to care for your pet! Please take a moment to share some important information. **PLEASE PRINT IN ALL SPACES.**

OWNER NAME: _____ SPOUSE / OTHER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PREFERRED METHOD OF CONTACT: HOME / CELL / WORK / EMAIL

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL: _____ EMPLOYER: _____

TEXAS DL#: _____ EMERGENCY CONTACT: NAME / PHONE: _____

How did you select us, if personal referral, who may we thank? _____

Pet's Name	Species: Cat or Dog?	Gender: Male or Female?	Spayed or Neutered?	Breed	Color	DOB or age

Has your pet been microchipped? Y / N MICROCHIP #: _____

Would you like more information regarding microchipping? Y / N

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.*** We take Cash, Check, Master Card, Visa, Discover, American Express and Care Credit. There will be a \$35.00 service charge for any returned check.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

SIGNATURE OF OWNER OR RESPONSIBLE AGENT

DATE

Do you authorize Bay Glen Animal Hospital to share patient history with: (circle all that apply)

*Veterinary Hospitals *Boarding Facilities *Grooming Facilities *None

Do you authorize Bay Glen Animal Hospital to share your pet's picture & story on social media (i.e. Facebook, Twitter, etc.)? Y / N



Like us on Facebook! (www.facebook.com/BayGlenAnimalHospital)