



Client & Pet Registration

Welcome to our clinic and thank you for choosing Bayshore Animal Hospital for your pet's care. Please complete the following information about you and your pet(s).

Client Name: _____ Spouse/Partner Name: _____

Street Address: _____ Apt./Unit#: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Spouse Phone: (____) _____

Preferred Method of Contact: (please circle one) Home / Cell / Work

How were you referred to our office?

Personal Recommendation (whom may we thank) _____

Internet ____ Sign/Drive by ____ Yellow Pages ____ Other _____

About Your Pet(s):

Name: _____ Sex: Male ____ Neutered Male ____ Female ____ Spayed Female ____

Age / Date of Birth: _____ Species: Cat ____ Dog ____ Other _____

Breed: _____ Color: _____

About Your Pet(s):

Name: _____ Sex: Male ____ Neutered Male ____ Female ____ Spayed Female ____

Age / Date of Birth: _____ Species: Cat ____ Dog ____ Other _____

Breed: _____ Color: _____