

Bayview Animal Clinic

Patient Information

Please Tell Us About Yourself:

Owner's Name: _____
Last First Spouse/Partner
Address: _____
Street Apt # City State Zip
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Cell Phone: _____
E-Mail: _____ Driver's Licence # _____

How Did You Become Aware of Our Hospital?

Internet Phone Book Sign Personal Recommendation
 Other _____ Whom may we thank? _____

Please Tell Us About Your Pet:

Name: _____ Dog, Cat, Bird, Other? _____
Breed: _____ Color(s): _____
Birth Date: _____ Age: _____ Indoors/Outdoors? _____
 Male Female Spayed/Neutered Unknown

Where did you get your pet? _____ Date of last vaccines: _____
Previous Veterinarian & Phone #: _____
Any Medical Conditions we should be aware of? _____
Is your pet on flea prevention? Type? _____ Heartworm prevention? _____

How many pets are in you household? _____

Name: _____ Species: _____ Name: _____ Species: _____
Name: _____ Species: _____ Name: _____ Species: _____
Name: _____ Species: _____ Name: _____ Species: _____

I, the undersigned, understand that it is the policy of Bayview Animal Clinic that fees for my pet's care are due in full at the time of services rendered.

Accepted forms of payment: Cash, Care Credit, Visa, Mastercard, American Express, Discover Check with ID.
I am aware that a service charge of 1.5% per month will accumulate on all account receivables. I further realize that, should my account become overdue, I will be in default of the contract and immediately sent to collections for prompt payment. I understand I will be responsible for all costs of collection, including but not limited to, court costs, interest, collection agency fees, and any other costs associated with obtaining the debt I owe.

By Signing this form, I certify that the above information is accurate and agree to all terms.

Signature

Date