



BAYVIEW

ANIMAL HOSPITAL



Client/Patient Registration Form

Welcome to Bayview Animal Hospital. Thank you for entrusting us with the care of your pet. We look forward to many healthy and happy years of service to you and your pets. To help better serve you, please fill out this form as completely as you can.

Client Information

Primary Owner (Financially Responsible) _____

Primary Phone Number (____) _____ Circle One: Cell Home Work

Secondary Phone Number (____) _____ Circle One: Cell Home Work

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Driver's License/Identity Card: _____ **State:** _____

Emergency/Alternative Contact _____ **Phone** (____) _____

Email _____

Providing an E-mail is important to us. We use e-mail to communicate with you regarding appointments, reminders, important health risks/outbreaks, specials, & promotions. Provide an email you check regularly.

How Did You Hear About Our Hospital? Individual Referral (Someone We May Thank)? _____

Location Website Social Media

Other _____

Previous Veterinarian _____ **Phone**(____) _____

1st Pet's Information

Pet's Name _____ **Birthdate** ____/____/____ (Approximate) or Age: _____

Species: Canine Feline **Breed:** _____ **Color:** _____

Sex: Male: Female: **Spayed/Neutered:** Yes No

Does your pet have a microchip? Yes: No: **If No, Are you interested in getting one?** Yes: No:

What Diet is Your Pet On? (List brand if known) _____

2nd Pet's Information

Pet's Name _____ **Birthdate** ____/____/____ (Approximate) or Age: _____

Species: Canine Feline **Breed:** _____ **Color:** _____

Sex: Male: Female: **Spayed/Neutered:** Yes No

Does your pet have a microchip? Yes: No: **If No, Are you interested in getting one?** Yes: No:

What Diet is Your Pet On? (List brand if known) _____

I, the undersigned owner, authorized agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified above, hereby consent to the examination of this pet by staff veterinarians at this veterinary practice. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I am over **eighteen** years of age.

I understand that you will use reasonable precautions to assure my animal's safety while in your care, but will not hold you or your staff responsible if my pet should injure itself escape, fail to eat, become ill, or die. I absolve you of all liability arising from the performance of procedures requested on this form.

I understand that an estimate of the cost for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment. In the event my pet is hospitalized, I agree to pay a deposit of 75% of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time the pet is discharged from the hospital. I understand it is my responsibility to call the hospital at least every twenty-four hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

Overnight Hospital Stay: If my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours is not provided. Note: If you desire that your pet have supervision when this facility is closed, you have two options available to you. You may pick up your pet and provide care in your home, in which case you accept the risks involved, OR you may have your pet transferred to a local emergency or 24 hour facility where overnight veterinary supervision is available at your expense.

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges within five days after receiving written or oral notification that this animal is ready to be discharged from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in the best interests of the pet and the hospital and I will be responsible for all fees incurred.

I hereby *consent* to photographic images and reproduction of images and video of my pet to be used within and or outside Bayview Animal Hospital.

For health reasons, if your pet is found to have fleas or ticks while in for grooming, boarding, or any procedure that requires them to stay in the hospital, they will receive treatment with appropriate flea and/or tick product at additional cost.

Federal law prohibits the dispensing of certain medications including vaccinations without an examination or prescription and such medication cannot be returned due to these prohibitions.

Payment is due at time services rendered.

Signature of Owner or Authorized Agent

Date