

NEW CLIENT FORM



Bayshore
Veterinary
Hospital

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely.

Thank you!

REGISTRATION

DATE _____

Name _____ SS# _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____
Employer _____ Phone _____
Spouses' Name _____
Emergency Contact _____ Phone _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate method of payment: Cash Check Visa MasterCard CareCredit

How did you learn of our clinic? Yellow Pages Recommendation
 Sign Other _____

If recommended, who may we thank? _____

PET INFORMATION	PET #1
NAME	
BREED	
DATE OF BIRTH	
COLOR	
SEX, SPAYED OR NEUTERED?	
DOG/CAT/OTHER (SPECIFY)	
VACCINATION HISTORY	
RABIES	
DHLP PARVO	
BORDETELLA (KENNEL COUGH)	
HEARTWORM TEST/PREVENTION?	

Please check any symptoms or problems that you have noticed about your pet.

- | | | |
|---|---|--|
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Thirst and/or Urination Increased |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Eye Bulging or Bloodshot | <input type="checkbox"/> Seems Depressed | |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Shaking Head | |

Describe your pet's diet _____

Is your pet on any medication(s)? _____

Any previous illnesses or surgeries? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above prescribed pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____