



WELCOME

We know your pet's health is important and we thank you for trusting us to care for them. Please take a few moments to fill out this form completely so that we may provide the best care possible for your four-legged family members.



CLIENT ACCOUNT INFORMATION

Name: _____ Date: _____
Last First Initial

SSN#: _____ Driver's License #: _____
**Required for account security purposes*

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Home Cell Alternate Phone: _____ Home Cell

Email Address: _____

Employer: _____ Work Number: _____

Spouse/Co-Owner: _____
Last First Initial

Primary Phone: _____ Home Cell Alternate Phone: _____ Home Cell

How did you hear about us? _____

How many pets in your household? What kind of animals? _____

Emergency Contact: _____ Preferred Number: _____

PET HEALTH HISTORY

Pet's Name: _____ Age/Birthdate: _____ Dog Cat Other _____

Breed: _____ Color: _____ Gender: Male Neutered Female Spayed

Describe your pet's diet and frequency he or she is fed: _____

Vaccination History (Please include date and type of last vaccinations: _____)

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

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Eye Discharge | <input type="checkbox"/> Scratching | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coughing/Gagging | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Sneezing | _____ |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Thirst/Urination Increased | _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Scooting | <input type="checkbox"/> Vomiting | _____ |

Is your pet on any medications? _____

AUTHORIZATION

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish payment arrangement if approved in advance of treatment. There will be a service charge for any check returned unpaid.

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

I authorize Bayside Animal Hospital to use my pet(s) photos on social media pages.

Signature

Date