

**BAY ANIMAL HOSPITAL
CLIENT INFORMATION**

OWNER _____ SPOUSE/CO OWNER _____

Address _____

City _____ State _____ Zip Code _____

Phone: Primary _____ Secondary _____ Cell _____

Place of Employment _____

EMAIL ADDRESS _____@_____._____

Pet Insurance _____

How did you hear about us? Word of Mouth Google Facebook Yelp Instagram Other

PET INFORMATION

**Please give records of your pet's vaccination history to the receptionist*

Name _____

Name _____

Breed _____

Breed _____

Date of Birth _____

Date of Birth _____

Color _____

Color _____

Species: Cat / Dog / Ferret / Rabbit / Other

Species: Cat / Dog / Ferret / Rabbit / Other

Sex: Male / Female Neutered / Spayed

Sex: Male / Female Neutered / Spayed



I give Bay Animal Hospital permission to take photographs and/or video of my pets, that may be posted to our website and/or social media. Please initial here if giving consent: _____

A copy of your driver's license will be required for identification & payment purposes.

I hereby authorize the veterinarian(s) and staff of Bay Animal Hospital to administer needed medical and/or surgical treatment for my pets. I understand that medical estimates will be provided upon my request.

I assume financial responsibility for all charges incurred for the care of my pets. I also understand that **direct payment** is due at time of service and that a deposit may be required for extensive treatments.

Client Signature: _____ Date: _____