

# Bay Animal Hospital REGISTRATION FORM

**STAMP  
DATE**

Mr. Mrs. Ms. Dr. \_\_\_\_\_

Client Address Sticker

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you most prefer to be contacted?      Home Number      Cell Number      Work Number

Spouse: \_\_\_\_\_ Best Phone Number to Reach Spouse: \_\_\_\_\_

Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_

Owner's Birth Date: \_\_\_\_\_ **Birthdate is required per California Dept. of Justice / Bureau of Narcotic Enforcement to dispense any Schedule II, III and IV medications to your pet.**      NFO Alert \_\_\_\_\_

Do you have a pet sitter, neighbor, relative, and/or friend who are authorized to bring in pet(s) and make treatment decisions?  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How were you referred to Bay Animal Hospital?  
 Friend: \_\_\_\_\_ Veterinarian: \_\_\_\_\_ Pet Business: \_\_\_\_\_  
 Went on Bay Animal Hospital's Website: \_\_\_ Yahoo: \_\_\_ Google: \_\_\_ MSN : \_\_\_ Yelp: \_\_\_ Drove By: \_\_\_ Other: \_\_\_\_\_

	PET #1	PET #2	PET #3	PET #4
<b>Name</b>				
Species <small>(dog, cat, rabbit etc)</small>				
<b>Breed</b>				
<b>Sex</b>	<b>M   F</b>	<b>M   F</b>	<b>M   F</b>	<b>M   F</b>
<b>Spayed or Neutered</b>	<b>Y   N</b>	<b>Y   N</b>	<b>Y   N</b>	<b>Y   N</b>
<b>Date of Birth</b>				
<b>Color</b>				

- I hereby authorize Bay Animal Hospital to render surgical and medical care for my pet(s) as deemed necessary by the veterinarian.
- I understand that payment is required in full at time of discharge.
- I understand I may be asked to leave a 50% down payment before surgical procedures and that no guarantee can be given to the outcome.
- I understand that Bay Animal Hospital does not accept checks or offer payment plans. If you require a payment plan please ask the Receptionist for a Care Credit application and brochure. Care Credit is a 6 month no interest medical credit card.
- Veterinary service during nighttime hours, some daytime hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.
- I understand personal items (blankets, toys etc.) may not be returned if left at Bay Animal Hospital.
- I understand that fecal testing is recommended every 6 months for my pet and according to the Centers for Disease Control and Prevention, dog and cat parasites can be transmitted to humans and can cause potentially serious health problems. I understand that eliminating intestinal parasites from my pet is essential and is extremely important for the health of my family.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

F/D Initials