

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: _____
 Bay Animal Hospital's Website: __ Google: __ Facebook: __ Yelp: __ Nextdoor: __ Drove By: __ Other: _____

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

- 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