

**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 \_\_\_\_\_

**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

**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: \_\_\_\_\_

For Office Use Only:

Client Information Confirmed: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

\_\_\_\_\_