



Welcome to Bayport Veterinary Hospital!

Thank you for trusting us with your pet's health. Please take a moment to tell us about you and your pet.

CLIENT INFORMATION					
Owner	Last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Spouse/Co Owner
Mailing address			City/State	Zip Code	
Primary Phone		Work Phone	Cell Phone		Home Phone
Email Address		Emergency Contact (other than you)			Emergency Phone
How did you hear of us? (Please check one box)					
<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Bayportvet.com <input type="checkbox"/> Mailing <input type="checkbox"/> Drive By <input type="checkbox"/> Other <input type="checkbox"/> Referral-Whom may we thank?					
PATIENT INFORMATION					
Pets Name			<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed	Color
<input type="checkbox"/> Male Un-Neutered <input type="checkbox"/> Female Un-spayed <input type="checkbox"/> Male Neutered <input type="checkbox"/> Female Spayed			Date of Birth or Age		
Past veterinarian(s) where records may be requested					
Was your pet treated for any illness in the past year? If yes please explain					
Is your pet currently on any medications? If yes, please list					
Does your pet have any drug sensitivities or reactions? If yes, please list					
FINANCIAL INFORMATION					
I hereby authorize Bayport Veterinary Hospital and its veterinarians to examine, prescribe for, and treat the above described pet. I release Bayport Veterinary Hospital and its veterinarians from any liability related to any such care. <div style="text-align: right;">_____ Initial</div>					
I authorize Bayport Veterinary Hospital to use my pet's likeness for marketing purposes, including but not limited to use on their Website or Facebook page. <div style="text-align: right;">_____ Initial</div>					
I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or Treatment. I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and agree to Pay for services. <div style="text-align: right;">_____ Initial</div>					
Signature of Owner or Financially Responsible Party					
(Must be 18 years or older) _____ Today's date _____					
We accept: Cash /Debit Card/All Major Credit Cards/Care Credit Please email to bayportvet@bayportvet.com					