



**Great Bay
Animal Hospital**

WELCOME!

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

Registration:

Date ___/___/___

Owner _____ Spouse/Other _____

Address _____

Town _____ State _____ Zip Code _____

Home phone # _____ E-mail Address _____

Social Security # _____

Employer _____ Work phone # _____

Emergency Contact Name _____ phone # _____

Number of Pets: _____ Dogs _____ Cats _____ Other (specify type) _____

Pet Health History:

Name of Pet _____ (Please check one:) ___ Dog ___ Cat ___ Other

Breed _____ Color _____ Birth date _____

(Please check one:) ___ Male ___ Neutered or ___ Female ___ Spayed

Previous Veterinarian(s): _____

Current Medications or Health Problems (If any): _____

Reason for Your Visit Today: _____

How did you learn of our clinic? ___ Yellowpages, ___ Recommendation, ___ Other.

I hereby authorize the veterinarian to examine, prescribe for, or treat the described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

Method of payment accepted: **Cash Check MasterCard Amx Discover Visa CareCredit**