



# Bayside Veterinary Care

## Client & Patient Registration Form

Owner's Name \_\_\_\_\_ Spouse\Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Driver's License number \_\_\_\_\_  
Previous Veterinarian(s) \_\_\_\_\_  
Other pets in household \_\_\_\_\_  
Is anyone in your household immune suppressed? \_\_\_\_\_

*Should an emergency arise and we are unable to contact you, please list a relative or close friend not living with you that we may contact whom you authorize to make medical decisions for your pet.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_  
Breed \_\_\_\_\_ Female Male Spayed Neutered  
Date of birth\approximate age? \_\_\_\_\_  
Date of last Rabies Vaccination? \_\_\_\_\_  
Has your pet ever had a reaction to a medication or vaccine? \_\_\_\_\_  
List any medications your pet is currently taking: \_\_\_\_\_  
What kind of food do you feed your pet and how frequently? \_\_\_\_\_

Where did you hear about Bayside? \_\_\_\_\_

I understand that Bayside Veterinary Care, Inc. is not an emergency service.  
If transport to a 24 hour emergency hospital is delayed for any reason during which time the patient's condition worsens, this decision is the responsibility of the owner/legal agent.

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

I will not hold BVC, Inc. responsible for any errors or omission that I have made on this form.

\_\_\_ By checking this box I allow Bayside Vet Care, Inc. to use my pets photo for promotional purposes including; Social Media, print media or on our digital photo albums.