

# BEACH PET HOSPITAL

## CLIENT/PATIENT FORM

Welcome to Beach Pet Hospital. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Beach Pet Hospital is proud to be an accredited member of The American Animal Hospital Association (AAHA). Please feel free to ask any questions concerning the treatment of your pet or other policies of the hospital. To help us serve you better, please provide us with the following information.

Date \_\_\_\_\_

### CLIENT INFORMATION

Owner \_\_\_\_\_ Co-Owner \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Co-Owner Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Email address: \_\_\_\_\_ *This is for electronic communication. We do not distribute or share your personal information. This is strictly for Beach Pet Hospital use only.*

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Owner's Date of Birth \_\_\_\_\_ *This information is required for distribution of controlled medications. We do not distribute or share your personal information. This is strictly for Beach Pet Hospital use only.*

How did you choose our practice? ☐ Drive by ☐ BeachPet.com ☐ Yelp ☐ Google ☐ Nextdoor

☐ Personal Recommendation (*whom may we thank?*)/Other \_\_\_\_\_

### PATIENT INFORMATION

Name \_\_\_\_\_ Breed \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Bird ☐ Reptile  
☐ Rabbit ☐ Ferret ☐ Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ ☐ Neutered/Spayed

Color \_\_\_\_\_

Name of previous veterinarian: \_\_\_\_\_

Does your pet have a microchip? ☐ No or ☐ Yes # \_\_\_\_\_ (*If you are unsure about the number, we can scan your pet.*)

Do you have Pet Insurance? ☐ No or ☐ Yes: Please list provider \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

**Please List Other Pets In Household: (name and species)** \_\_\_\_\_

### Authorization, Financial Responsibility, Medical Record Release

- I do hereby authorize the Veterinarian on duty (& designated Techs/Assistants) to administer medical and/or surgical treatment as determined necessary upon physical examination.
- FULL PAYMENT IS REQUIRED UPON DISCHARGE. I assume all financial responsibility for all charges incurred to the patient for services rendered. In the event that my account is referred to a Collection Agency, I agree to pay any associated costs of collection in addition to the original balance.
- In the event that the release of medical information is requested, I give authorization to provide the patient's records, with the exception of: \_\_\_\_\_
- I do hereby grant permission to Beach Pet Hospital to post my pet's story, photo, or other item I submit to and for Beach Pet Hospital's website, Facebook account, and the Beach Pet Blog. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use. Please initial here if you do not want your pet's information shared \_\_\_\_\_

Payment Today Will Be: (please check one) ☐ Cash ☐ Visa/MC ☐ Discover ☐ American Express ☐ Care Credit

Signature of Owner/Responsible Agent: \_\_\_\_\_

(MUST BE 18 YEARS OR OLDER TO SIGN)