

## SOUTH BAY ANIMAL HOSPITAL & PET RESORT REGISTRATION FORM

(Please Print)



Today's date:		Client Folder Number:				
<b>CLIENT INFORMATION</b>						
Client's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Preferred Phone Number:
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		Home phone no.: (    )		Birth date: /   /	
Street address:			Cellular Phone no.: (    )	Work phone no.: (    )		
P.O. box:	City:		State:	ZIP Code:		
May we use pictures of you and/or your pet(s) on our social media? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail:				
Chose clinic because/Referred to clinic by (please check one box):						
<input type="checkbox"/> Family		<input type="checkbox"/> Friend		<input type="checkbox"/> Close to home/work		
<input type="checkbox"/> Yelp		<input type="checkbox"/> Dr.		<input type="checkbox"/> Facebook		
<input type="checkbox"/> Other:				<input type="checkbox"/> Hospital		

<b>PATIENT INFORMATION</b>					
(Please give your insurance information to the receptionist if available.)					
Patient Name:		Birth date: /   /	Breed:		Color:
Is he/she micro-chipped? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered/ Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Diet:		Visit Type: <input type="checkbox"/> Wellness <input type="checkbox"/> Illness/Injury	
Please indicate insurance: <input type="checkbox"/> VPI <input type="checkbox"/> Trupanion <input type="checkbox"/> PetPlan <input type="checkbox"/> Embrace <input type="checkbox"/> Pet's Best					
<input type="checkbox"/> ASPCA		<input type="checkbox"/> Other		<input type="checkbox"/> None	
Subscriber's name:		Policy no.:	Deductible: \$	Policy no.:	
Vaccines Up To Date:		Last Vet Visit:		Previous Vet:	

<b>IN CASE OF EMERGENCY</b>				
Name of local friend or relative (not living at same address):		Relationship to client:	Home phone no.: (    )	Cell phone no.: (    )

The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance. I also authorize South Bay Animal Hospital & Pet Resort to release any information required to process my claims. I assume responsibility for all charges incurred in the care of my pet(s). I understand that these charges must be paid at the time of release and that a deposit may be required for any surgical procedures, boarding and/or hospitalization. I also understand that South Bay Animal Hospital & Pet Resort does not accept checks or billing. I also understand that no guarantee of successful treatment is made and release the doctors and agents of South Bay Animal Hospital & Pet Resort of any and all liability, and should a dispute arise, I will be financially responsible for any and all legal expenses incurred by both parties..

\_\_\_\_\_  
Owner/Agent signature

\_\_\_\_\_  
Date