

WELCOME TO OUR PRACTICE!

DATE _____



CLIENT INFORMATION

Owner's Name _____ Spouse/Other _____

Driver's License # _____

Address _____ APT # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Employed by _____

Emergency Contact _____ Phone # _____

How did you become aware of our clinic _____

If recommended, who may we thank _____

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PET INFORMATION

Name of previous/current Vet _____

Pet Name _____ Dog/Cat/Other _____ Breed _____

Color _____ Date of Birth _____ M/F _____ Spayed/Neutered _____

Is your pet currently receiving medication? _____

Does your pet have any known allergies? _____

Pet Name _____ Dog/Cat/Other _____ Breed _____

Color _____ Date of Birth _____ M/F _____ Spayed/Neutered _____

Is your pet currently receiving medication? _____

Does your pet have any known allergies? _____

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ALL FEES ARE DUE UPON COMPLETION OF SERVICES

Method of payment: Cash _____ Check _____ Credit Card _____ Care Credit _____

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for reasonable costs of collection, attorney fees and court costs, in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary, in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature _____ Date _____

**BAYSHORE
VETERINARY
CLINIC**

2043 NE 140th Street
N. Miami Beach, FL 33181

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Fax: 305-940-2906

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ACCREDITED PRACTICE



We take better care of your best friend!