

Welcome to Our Office

Owner: _____

Cell #: _____

Home #: _____

E-mail address: _____

Address: _____

Employer: _____

Work #: _____

Additional Owner: _____

Cell #: _____

Home #: _____

E-mail address: _____

Address(if different from above): _____

Employer: _____

Work #: _____

Children's names (if any): _____

How do you prefer we contact you for appointment confirmations and medical reminders? Please initial:

Text: ___ Phone: ___ E-mail: ___ Include phone number/e-mail for this method: _____

Agent information

Other than you and the additional owner listed above, are there any other persons to whom you give primary responsibility for the care of your pet(s)? Yes No

If you checked "Yes", please list the name, telephone number, and address for any agent to whom you give permission to care for your pet in the event you are unavailable. (All agents must be 18 years of age or older)

1. _____

2. _____

Informed Consent

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to the treatment of my pet(s). In order to obtain informed consent, I direct my veterinarian as follows: (select one)

Informed consent may be provided by the owner(s) listed above

Informed consent may be provided by the owner(s) above or agents in the order listed above

Bay East Animal Hospital has my permission to release pertinent medical information to any animal facility or shelter. Please initial: Agree: _____ Disagree: _____

On occasion, we like to take photos/videos of your pet during their visit with us. Therefore, we may be interested in using images of your pet(s) and/or family for purposes such as social media, marketing, and client education. We would refer to pet(s) and/or people by first name only, if at all. We would ask for your permission to share them on social media first.

Bay East has my permission to use images Bay East **does not** have my permission to use images

How did you hear about us? Website: ___ Phone Book: ___ Referred by (list name): _____

Other: _____

Professional fees are due at the time services are rendered. We will gladly prepare a written estimate for the procedure(s) to be performed. By my signature, I am verifying the above information is true, and I authorize the release of information accordingly.

Signature: _____

Date: _____