



# Bayside Veterinary Care

## Patient Registration Form

Owner's Name \_\_\_\_\_ Spouse\Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Primary Phone (home/cell) \_\_\_\_\_ Alternate Phone (home/cell) \_\_\_\_\_

Driver's License State & Number \_\_\_\_\_

Referred by \_\_\_\_\_

Previous Veterinarian(s) \_\_\_\_\_

Number of pets in household \_\_\_\_\_ Is anyone in your household immune suppressed? YES / NO

*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 \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Pets Name			
Age			
Species/Breed			
Color/Markings			
Spayed/Neutered			
Any previous reactions to vaccines/meds?			
What type of food do they eat?			

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.

By signing this, I agree that I have read and understand the Consent for Care form. I acknowledge that my questions, if any, have been answered to my satisfaction. I also agree that this consent applies to all of my current and future pets.

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

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