

Welcome to our practice! Please assist us by completing this form.

Owner Information

Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mailing Address/ P.O. Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Over 18 Years of age  Yes No

Qualify for Senior (55+) or Military/1st Responder Discount Days Yes  No

How did you hear about us?

I am a client here  Our Website.  Social Media.  Internet Search  Community Event.

Yellow Pages  Advertisement  Our Sign PetSmart  Referred by a friend Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Referred by Veterinarian. Name of Hospital/Vet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet information

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species:  K9  Feline  Other\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color: \_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_/\_\_\_\_/\_\_\_\_ or Age:\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Intact Male  Male/Neutered  Intact Female  Female/Spayed

Microchip#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet insurance: Company/Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None

***Is your pet easily approached and handled by strangers?* Yes  NO**

***If no, please explain*:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO RELEASE**

I grant Buzzards Bay Veterinary Associates permission to take photos of myself and/or my pets and to publish those photos on the hospital’s social media pages, website, advertisements, and/or other marketing materials (print or electronic).I also permit BBVA to accompany published photos of me and/or my pets with first names and basic information about my pet’s visit to the clinic if applicable.

**\_\_\_** I permit BBVA to take photos of me and/or my pet to be used for the above mentioned purposes.

**\_\_\_** I do **not** permit BBVA to take photos of me and/or my pet to be used for the above mentioned purposes.

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

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*We require payment at the time of service. We accept all major credit cards, cash and care credit. NO CHECKS.\* **\_\_\_\_\_\_\_\_ (Initial)**

*\*\*This information is correct to the best of my knowledge and I assume full responsibility for the pet listed above.* **0 GB (0%) of 15 GB used**