



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

Owner Information

Owner Name _____ Preferred Pronouns _____

Co-Owner name _____ Preferred Pronouns _____

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 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

Previous Veterinary: _____

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.