



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 _____

Preferred Method of Communication Phone Call Text Email

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*

Referred by Veterinarian* *Personal Referral Name/Name of Referring Vet: _____

Pet Information

Pet Name: _____ Species: K9 Feline Other _____ Breed: _____

Color: _____ DOB/Age: _____ Microchip # _____

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

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 _____

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.