

Welcome to Bay East!

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 unavaiable. (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 and initial)

____ 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 here about us? Website: _____ Phone Book: _____ Referred by: _____ 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: _____