



Bay Beach Veterinary Hospital Registration

4340 Virginia Beach Blvd.
Virginia Beach, VA 23452
757.340.3913

Welcome to our hospital and thank you for giving us the opportunity to care for you pet. We will provide the best care possible and be happy to answer any questions you have about your pet's health. In order to help us ensure your pet receives the best possible care, please take a moment to fill this form out completely.

Owner's Name _____

Spouse _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Primary Contact Number _____ Secondary Contact Number _____

E-mail Address _____

(We do NOT give/sell information. We will send you reminders via e-mail)

Emergency Contact Name and Phone Number _____

How did you hear about us? _____

Name of Pet _____ Dog Cat Other _____

Breed _____ Color _____

Date of Birth _____ Male/Female Spayed/Neutered/Unaltered

Do you have records/vaccine history for this pet? Yes No If Yes, which brand _____

Is this pet on heartworm prevention? Yes No If Yes, which brand _____

Is this pet on flea control? Yes No If Yes, which brand _____

Is this pet taking any medications? Yes No _____

Reason for today's visit _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that payments for these charges are due at the time of service.

I also understand that I will be responsible for any and all fees associated with collection of this account.

Signature of owner _____ Date _____

Methods of payment accepted: Cash Check Mastercard Visa Discover American Express Care Credit