

Bay-Porte Animal Hospital

10105 Fairmont Pkwy

La Porte, TX 77571

281-471-6834

fax: 281-471-0598

New Client Information

Date: _____

Owner's Name _____

Spouse _____

Driver's License # _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Employer _____ Phone: _____

Home Phone _____ Cellular Phone _____

E-mail _____

IN CASE OF AN EMERGENCY, CALL _____ AT PHONE # _____

Pet Information:

Pet's name: _____ Species _____

Breed _____ Color _____

Date of Birth _____

Sex: Male Neutered? Female Spayed?

Is your pet currently receiving any medications? _____

Does your pet have any known drug allergies? _____

Has your pet ever had a reaction to vaccinations? _____

Other Pets

Name _____ Breed _____ Age _____

Name _____ Breed _____ Age _____

Name of Previous/Current Veterinarian _____ phone# _____

How did you become aware of our clinic:

Hospital Sign Yellow pages Website Other, please specify _____

Individual (so we may thank them) _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION

METHODS OF PAYMENT ACCEPTED: cash, check, credit card, care credit

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature _____ Date _____