

ADMITTANCE and CONSENT FORM

(Required for prescribing medications & treatments) Owner's date of birth: ____/____/____

Owner: _____
First Middle Initial Last Driver's License: _____

Address: _____
Apt # City Zip Primary Phone: _____
 Secondary Phone: _____

Employer: _____ Phone: _____

Email Address: _____ (To receive exam notes, pet information and receipts)

Co-Owner: _____
(or spouse) First Middle Initial Last Co-Owner's Date of birth: ____/____/____
 Driver's License: _____
 Primary Phone: _____

Employer: _____ Phone: _____

Pet's Name: _____ Breed: _____ Sex: ___ Spay/Neutered Color: _____ Birthday: _____

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How did you hear about us? Returning Client Yelp Yellow Pages Online EBARR
 Friend (Name): Demandforce Google FaceBook

The following people have authorization to treat my pets in case of an emergency

Name	Phone #
Name	Phone #

As owner, or duly authorized agent of the owner, I hereby consent and authorize the staff of All Bay Animal Hospital to care for, treat and/or anesthetize as you deem advisable in the performance of surgical or therapeutic procedures you determine to be indicated on any animals presented by the above owner or authorized agent. I understand that all personnel leave at closing and no one will be in attendance to observe the animals if they are boarded or hospitalized during non-business hours. I understand that charges are made for services rendered, and that payment for such charges is due at the time they are rendered, or prior to discharge of the animal from the hospital. **A 50% deposit is required for any treatments or surgery that may be performed on my pet.** Failure to pay account on demand will result in court action. In this event, I shall be liable for said interest and for all collection charges, including attorney fees, and court costs that may be incurred as a result of such delinquency. I authorize All Bay Animal Hospital to release my pets' records to any other animal hospital that may request this information.

Are you a Pet Insurance Policy Holder? VPI Trupanion AKC Healthy Paws Pets Best Embrace
 Acceptable payments: Visa / MasterCard / American Express / Debit / Care Credit / Discover / Checks (with guaranteed approval)
WE DO NOT ALLOW BILLING. PAYMENT IN FULL AT TIME SERVICES ARE RENDERED