

**BEACH PET HOSPITAL**  
**NEW PATIENT INFORMATION**

Welcome to Beach Pet Hospital. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Beach Pet Hospital is proud to be an accredited member of The American Animal Hospital Association (AAHA). Please feel free to ask any questions concerning the treatment of your pet or other policies of the hospital. To help us serve you better, please provide us with the following information.

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse's Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_ this is for pet portals. It will allow you to access you pet's history at home.

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

How did you choose our practice?  Yellow Pages  Drive by  Website

Personal Recommendation (whom may we thank?) \_\_\_\_\_

**PATIENT INFORMATION**

Name \_\_\_\_\_ Breed \_\_\_\_\_  Dog  Cat  Bird  Reptile

Rabbit  Ferret  Other \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Neutered/Spayed Y / N

Color \_\_\_\_\_

Name of previous veterinarian: \_\_\_\_\_

Does you pet have a microchip? No or Yes # \_\_\_\_\_ if you are unsure about the number, we can scan your pet.

**Any allergies to vaccinations or medications?** \_\_\_\_\_

**Other pets in household (list name and species):** \_\_\_\_\_

**Authorization and Financial Responsibility**

I do hereby authorize the Veterinarian on duty (& designated Techs/Assistants) to administer medical and/or surgical treatment as determined necessary upon physical examination. FULL PAYMENT IS REQUIRED UPON DISCHARGE. I assume all financial responsibility for all charges incurred to the patient for services rendered. In the event that my account is referred to an attorney for collection, I agree to pay all costs of collection, including attorney fees of 33 1/3% of the outstanding balance owed or actual fees incurred, whichever is greater, plus interest at the rate of 1 1/2% per month until paid.

**Payment Today Will Be:** (please check one)  Cash  Visa/MC  Discover  Care Credit

**Signature of Owner/Responsible Agent:** \_\_\_\_\_  
(MUST BE 18 YEARS OR OLDER TO SIGN)