

Save time! Fill out this form and bring it with you to your appointment.

# WELCOME

## TO BAYVIEW ANIMAL HOSPITAL

Dr. Richard J. White  
Dr. Clayne R. White

D.V.M.  
D.V.M.

Dr. Cade Norman  
Dr. Mary Smart

D.V.M.  
D.V.M.

Thank you for choosing Bayview Animal Hospital and giving us the opportunity to care for your pet. So we may become better acquainted, please complete the following:

Owner \_\_\_\_\_ Spouse \_\_\_\_\_  
Last First Last First

Address \_\_\_\_\_  
Street City State Zip Code

Primary Phone \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

If necessary may we contact you at work? YES NO

E-MAIL ADDRESS \_\_\_\_\_

How did you hear about us? Who may we thank? \_\_\_\_\_

Emergency Contact (not in the same household) \_\_\_\_\_ Phone \_\_\_\_\_

We now run all checks through electronically. If you would rather not have us do this please pay with cash, debit, or any major credit card. **WE DO NOT CARRY CHARGE ACCOUNTS**

The Undersigned specifically agrees to pay all reasonable attorney's fees and court costs in the event legal action is taken to collect on the account. The undersigned further agrees to pay an additional fifty (50%) of the principal balance if the account is referred to a collection agency or attorney for collection. This additional amount is in recognition of the cost associated with said collection action processing.

Signature \_\_\_\_\_

We look forward to getting to know you and your pets