



Bastet Veterinary Hospital
New Client/Pet Registration Form

Owner Information:

Name _____ Spouse/Owner: _____

Address: _____ City and Zip: _____

Primary Phone #: _____ Alternate Phone #: _____

Email: _____ Owner DOB: __/__/__ Driver's License #: _____

How did you hear about Bastet Veterinary Hospital? Internet ___ Other ___

Were you referred to us, if so who may we thank? _____

Pet's Information:

Name: _____ Species: Dog ___ Cat ___ Sex: Male / Female Spayed/Neuter: Yes / No

Breed: _____ Color: _____ DOB/Age: _____

Name: _____ Species: Dog ___ Cat ___ Sex: Male / Female Spayed/Neuter: Yes / No

Breed: _____ Color: _____ DOB/Age: _____

Is your Pet(s) current on Vaccines? Yes ___ No ___ If yes, Dates: _____

Is your pet(s) on Flea/Heartworm Prevention? Yes ___ No ___ Brand: _____

Previous Veterinarian: _____ May we call for record's? Yes ___ No ___

Owner Authorization:

By signing below, I hereby authorize Bastet Veterinary Hospital's Veterinarians and staff members to examine, prescribe and treat the above described Pet(s). I release Bastet Veterinary Hospital Veterinarians and staff members for any liability related to such care, I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. I understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**, and agree to pay for all services. BVH does not accept payment plans. Acceptable forms of payment include Cash, Credit (Debit, Visa, MasterCard, American Express, Discover and Care Credit). Checks are no longer accepted. I have been made aware that there are no BVH employees on premises after hours.

Owner or Agent Signature: _____ Date: _____