



BAY AREA VETERINARY SPECIALISTS

Today's Date _____ 2010 Please check box if you previously have been to our facility

How did you become aware of and choose BAVS for your pet today? _____

Owner's Name: Mr. /Mrs. /Ms. /Dr. (with middle initial) _____

Spouse, Partner, or Other Authorized Contact _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ Fax: _____

Authorized Contact's Phone: _____ Which number and when is best to contact you? _____

E-Mail Address _____

Employer: _____ Occupation: _____

Pet's Name: _____ Birth Date or approximate age: _____

Species: Dog Cat Bird Rabbit Other _____

Breed: _____ Color: _____

Circle One: Male Neutered Male Female Spayed Female

Referring Veterinarian _____ Family Veterinarian _____

Reason for visit: _____

Other medical problems: _____

Current medications or supplements: _____

Pet's diet: _____

Are the vaccines current? Yes No Date of vaccinations including Rabies: _____

Has your pet ever shown aggressive behavior toward **People** Yes No or **Animals** Yes No?

The consulting veterinarian will discuss fees with you during your appointment. A deposit of the lowest estimate is required before services are performed and full payment is due at the time of discharge from the hospital. We accept cash, check, most major credit cards and CareCredit. Please ask a receptionist if you have any questions regarding payment. Finance charges will apply to unpaid balances.