Bayshore Animal Hospital
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239-997-9663
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bayshore-animal-hospital.com

New Client Intake Form

We are excited you have chosen Bayshore Animal Hospital (the "Hospital") to care for your pet and we look forward to assisting you! Please help us better meet your needs by taking a few moments to fill out this information sheet.

Client Information:

Name: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

Email: _____

Address:

_____

City: _____ State: _____ Zip Code: _____

Co-Owner's Name: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

Pet Information:

Pet Name	Species/Breed	Color/Markings	Male/Female Spayed/Neutered	Age or Birthday

Does your pet(s) have any allergies? If yes, please list:

_____

What medications is your pet(s) taking? Please include:

Drug Name & Strength Dose Frequency Last Given Need Refill?

_____

_____

_____

Does your pet(s) have insurance? If yes, please list the policy number:

_____

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.

Practice Name _____ City_____
State_____

Practice Phone Number: _____ Practice Email: _____

How did you hear about us?

☐ Drive by/sign ☐ Internet ☐ Personal Referral ☐ Other

If other, please specify:

_____

Personal Referral: Is there a client, business or organization we can thank for your referral?

_____

I am the owner or agent for the animal described above and I have the authority to execute this consent. _____ (initials)

I am the owner (or authorized agent for the owner, and I am eighteen years of age or older) of the pet named above. I authorize the Hospital, its veterinarians, technicians, and assistants to perform services, procedures, diagnostics, vaccinations, treatments, and/or administration of medications as deemed necessary or advisable in connection with or relating to the matters described in the attached estimate or the matters that have otherwise been explained by the Hospital veterinarian or other staff member. I understand there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. I also understand that there is no guarantee as to the results of any procedures, diagnostics, vaccinations, or treatments. I understand that I may ask

questions regarding any procedure, diagnostic, vaccination, or treatment recommended by the Hospital before it is performed. _____ (initials)

I agree that hospital staff may walk my pet outside. I understand that a veterinarian may not be present at the hospital at certain times and that veterinary technicians or assistants may perform certain functions in the preparation and care of my pet even when a veterinarian is not present. I also understand that staff may not be present in the hospital overnight. Unless the veterinarian advises that my pet may remain unattended in the hospital overnight, I will need to take my pet home or transfer my pet to a hospital offering overnight care at the end of the day. If I fail to pick up my pet before the hospital closes for the day, the Hospital may transfer my pet to a hospital offering overnight care if the veterinarian determines that my pet cannot be left unattended overnight. I understand and agree that I am responsible for the payment of any charges for such overnight care. _____ (initials)

I hereby acknowledge that the Hospital, all of their employees, agents, staff, and/or representatives (collectively, the "Hospital") have full and complete authority to make any decision, provide any care and to perform any other procedure or treatment that, at the veterinarian's discretion, may be deemed medically necessary for _____(patient). I authorize the Hospital to transport my pet to an emergency hospital and to obtain treatment by the emergency hospital to stabilize my pet. If I cannot be reached, the Hospital and its personnel may disclose such information and records regarding my pet to the other hospital as they consider necessary. _____ (initials)

If I neglect to pick up my pet within seven (7) calendar days, _____(hospital name) may conclude that my pet has been abandoned and is authorized to take all necessary actions in accordance with state law. _____ (initials)

I understand that payment is due, in full, at the time services are rendered. _____ (initials)

I give consent for my pet to be scanned for a microchip. If a microchip is found, I understand and consent for the registered microchip owner to be contacted. Additionally, I understand that if my pet's microchip is registered to another owner, that they are the legal owner and I agree to turn the pet over to them or for the pet to be held by the Hospital until the registered owner can obtain the pet. _____ (initials)

I agree that both I and any authorized agent that represents me will always treat all staff members and other clients with respect. I understand that the Hospital has zero tolerance for swearing, yelling, or disrespectful speech toward any staff member or other client. Behavior as such can result in termination of care. All staff members are empowered to report all abuse from clients. _____ (initials)

I agree to always keep my pet on a leash or in a carrier while in the lobby for patient and human safety.

I agree to inform the staff if my pet has ever been aggressive, bitten anyone or required a muzzle or extra restraint in any past circumstances, veterinary related or otherwise. _____ (initials)

I authorize the Hospital to share my pet's medical records with facilities when requested by a third party, such as a veterinary clinic, groomer, boarding facility, training, day care, insurance, etc. or with law enforcement, animal control, etc. _____ (initials)

I consent to the Hospital using audio recording during my in-person and telehealth visits to help document my care and improve quality. Audio only will be recorded unless otherwise stated. The recording may be processed by artificial intelligence ("AI") tools to draft or assist with clinical notes. A licensed clinician will review and, as needed, edit AI-generated notes before they are finalized. Access to recordings and resulting notes will be limited to my treating care team, authorized Hospital personnel, and approved service providers/vendors engaged by the Hospital for this purpose, all of whom are required to protect my privacy. Recordings and notes will be stored securely in accordance with the Hospital's policies and applicable privacy laws. _____ (initials)

Florida HB 89 Compliance

I understand my right as a veterinary client to receive a written prescription for the medication that can be filled by the pharmacy of my choice or my veterinarian, as provided in s. 474.224, Florida Statutes. _____ (initials)

I hereby acknowledge that the Hospital, its veterinarians, employees, agents, and/or representatives (collectively, the "Hospital Parties") may rely on this consent and have full and complete authority to make any decision, provide any care and to perform any other procedure or treatment that, at the veterinarian's discretion, may be deemed medically necessary for _____(patient). I do hereby forever release and discharge the Hospital, its parents, subsidiaries, affiliates, successors and assigns from any and all liability arising from any of the foregoing or anything that may happen following, arising from or related to this consent. I have read and understand this consent.

Owner Signature:

_____

Date: _____

Employee Signature:

_____

Date:

_____