

Welcome to our clinic



Bayshore

Animal Hospital

Address: 6351 Bayshore Rd.
N. Ft. Myers, Fl. 33917 Suite 50.
P: 239-997-9663

Email: bayshoreanimalhospital@gmail.com

Thank you for entrusting us with the care of your pet. Please take a minute to fill out this form so that we may get to know you and your pet.

Name (Mr./Mrs.): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Email Address: _____

I hereby authorize the veterinarian on duty to examine, prescribe for, and treat my pet. I assume all responsibility for charges accumulated for the care of my pet. I also understand that all fees are due at the time services are performed. **We accept Visa, MasterCard, Discover, and Care Credit as well as Cash.**
****In the event that your bill is left unpaid, you will acquire billing and finance charges after 30 days and every month thereafter.***

Signature: _____ Date: _____

Pet Information

Pet Name: _____ Species/Breed _____

Color _____ D.O.B _____ Sex _____

Is your pet Spayed/Neutered _____

If this is a cat, is it declawed? _____ Does your pet have a microchip? _____

Is your pet indoor or outdoor? _____

Does your pet have any allergies that you know of? If so, please list _____

Does your pet have a history of vaccine reactions? _____

Does your pet have a history of seizures? _____

Is your pet on a special diet? _____

Is your pet currently on flea/heartworm prevention, if so, which product(s) do you use?

Medical Conditions/Concerns _____

Prior Veterinarian's Office _____