

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](mailto: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 \_\_\_\_\_