



Registration for Emergency Treatment Bay Beach Veterinary Hospital

4340 Virginia Beach Blvd.
Virginia Beach, VA 23452
757.340.3913

Welcome to our hospital and thank you for giving us the opportunity to provide emergency care for your pet.
Please take the time to fill out the following information so that we may better serve you.

Owner's Name _____

Spouse _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Primary Contact Number _____ Secondary Contact Number _____

E-mail Address _____

(We do NOT give/sell your information. We will send you reminders via email.)

Regular Vet/Hospital _____

Emergency Contact Name and Phone Number _____

How did you hear about us? _____

Name of Pet _____ Dog Cat Other _____

Breed _____ Color _____

Date of Birth _____ Male/Female Spayed/Neutered/Unaltered

Do you have records/vaccine history for this pet? Yes No If Yes, which brand? _____

Is this pet on heartworm prevention? Yes No If Yes, which brand? _____

Is this pet on flea control? Yes No If Yes, which brand? _____

Is this pet taking any medications? Yes No

Reason for today's visit? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.

I assume responsibility for all charges incurred in the case of this animal. I understand that payments for these charges are due at the time of service and agree that I will be responsible for any and all fees associated with collection of this account. **I also understand that I am not eligible to become a daytime client of Bay Beach Veterinary Hospital if I currently have a record at one of the local hospitals.**

Signature of owner _____ Date _____

Please circle method of payment: Cash Check Mastercard Visa Discover American Express Care Credit