



# Daytime Registration

4340 Virginia Beach Blvd.  
Virginia Beach, VA 23452  
(757)340-3913  
www.baybeachvets.com

PLEASE BRING A PHYSICAL COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID TO THE FRONT DESK FOR SCANNING.  
ADDITIONALLY, ALL PAYMENT RENDERED AT THE TIME OF CHECKOUT.

**Owner's Name** \_\_\_\_\_ **Co-Owner** \_\_\_\_\_  
**Driver's License # & Issuing State** \_\_\_\_\_ **Owner's DOB** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**State** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Primary Phone** \_\_\_\_\_ **Secondary Phone** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_  
**Emergency Contact Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

## PATIENT(S) INFORMATION

<b>Name of Pet</b> _____	<b>Name of Pet</b> _____
<b>Date of Birth</b> _____	<b>Date of Birth</b> _____
<b>Dog/Cat/Other</b> _____	<b>Dog/Cat/Other</b> _____
Male/Female      Spayed/Neutered/Unaltered	Male/Female      Spayed/Neutered/Unaltered
<b>Breed</b> _____	<b>Breed</b> _____
<b>Color</b> _____	<b>Color</b> _____
<b>Reason for visit</b> _____	<b>Reason for visit</b> _____
_____	_____

**Primary Veterinarian** \_\_\_\_\_

## WE LOVE SOCIAL MEDIA!

Please initial here \_\_\_\_\_ if we **DO NOT** have permission to share your pet's image and story on social media, our website or other marketing materials. Please initial here \_\_\_\_\_ if we **HAVE** permission to share.

Incoming and outbound calls may be recorded, **Initial here** \_\_\_\_\_ to acknowledge you have been advised.

I authorize the veterinarian to examine, treat, and prescribe for the pet(s) listed above, and I am responsible for all associated costs, including any collection fees associated with this account and understand payment for these charges are due at the time of service.

**Signature of owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**We Accept:** Cash      MasterCard      Visa      Discover      American Express      Care Credit

## OFFICE USE ONLY

CLIENT ID: \_\_\_\_\_ PATIENT ID: \_\_\_\_\_