Welcome to Beaufort Veterinary Hospital

Owner's Name: _____ Spouse/Co-Owner: _____

Physical Address: _____City: _____ State_____Zip: _____

Mailing Address: _____ City: _____State_____Zip:_____

***Email Address**: (used for reminders)_____

Your Phone: ( ) _____ Spouse/Co-Owner Phone: ( )_____

Employer's Name: _____Occupation:_____

DEA laws require that we have, on file, both drivers license number and state of issuance, along with date of owner's birth, in order to prescribe certain necessary medications for your pet.*
***Driver's License #_____ State_____ *Owner's Birthdate _____/_____/_____**

Patient Information

NAME OF PET # 1: _____	**NAME OF PET # 2:** _____	**NAME OF PET # 3:** _____	**NAME PET # 4:** _____
DOB: ___/_____/_____ Age: _____	DOB: ___/_____/_____ Age:_____	DOB:___/_____/_____ Age:_____	DOB: ___/_____/_____ Age:_____
Species: Dog◉ Cat○ Other:_____ Breed:	Species: Dog◉ Cat○ Other:_____ Breed:	Species: Dog◉ Cat○ Other:_____ Breed:	Species: Dog◉ Cat○ Other:_____ Breed:
Male_ Neutered_ Female Spayed_ __ Color:	Male_ Neutered_ Female_ Spayed_ _ Color:	Male_ Neutered_ Female Spayed_ _ Color:	Male_ Neutered_ _ Female_ Spayed_ _ Color:

Would you like for us to obtain your pet's records from your previous veterinarian? Yes _____ No_____
Veterinarian Name: _____ Phone: ( )_____

Due to state law, all dogs, cats, and ferrets over the age of 4 months old must have a current rabies vaccination. Do you have proof of a rabies vaccination? Yes_ _No_ _ _

I hereby authorize Dr. Romano, her affiliates, and staff members employed by Beaufort Veterinary Hospital to examine, treat and/or prescribe for the above-described animals. I assume all financial responsibilities for the above animal(s) and agree to pay all fees incurred at the time services are rendered and understand that I may be charged for non-cancelled missed appointments. I also agree that if I do not have proof of vaccines, I authorize Dr. Romano to update vaccines.

I authorize Dr. Romano/BVH to take photos/videos of my pet to use for clinical training purposes. May we use a photo of your adorable pet for our Facebook /Website? Yes_ _ No_ __

Welcome to the BVH family!

Client Signature: _____ Date: _____