



BAYCREST Animal Clinic

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p. 813-886-9866
email: careteam@baycrestanimalclinic.com

New Client Form

CLIENT INFORMATION

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____

Zipcode: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Spouse's Cell Phone: _____

Preferred Contact: Phone Call / Email / Text

PET INFORMATION

Pet Name: _____ Breed: _____ Color: _____

Date of Birth: _____ Sex: Neutered Male / Intact Male Spayed Female / Intact Female

Does your pet have previous medical records from another veterinarian? Yes / No

Name of Veterinarian or Hospital: _____

Previous or current medical conditions: _____

Current medications and supplements: _____

Please list current flea and heartworm prevention: _____

Do you currently use pet insurance? Yes / No

HOW DID YOU HEAR ABOUT US

Internet Sign Phone Book Other: _____

Personal Referral: Who may we thank? _____

SOCIAL MEDIA

Within the context of promoting our business and pet health, we would like to use images, videos and/or information about your pet. Do you wish your participate on our social media sites? Yes / No

PAYMENT POLICY

We accept cash, checks (with photo ID), MasterCard/VISA/Discover/Am Ex (with photo ID), Wells Fargo, and Care Credit. **Payment is expected when services are rendered.** We will gladly prepare you a written estimate of services prior to the treatment of your pet if you desire.

I realize and understand that I am financially responsible for the care and treatment of my pet(s). I further agree that in the case of non-payment, a finance charge or interest fees and collections fees will apply.

Signature of Owner: _____ Date: _____