



BOSTON VETERINARY ASSOCIATES, INC.



East Boston Animal Hospital
1007 Saratoga Street
East Boston, MA 02128
617-567-0101

New Client/Patient Registration

Owner's Name(s): _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact(s): _____ Phone: _____

Pet's Name: _____ Canine Feline Other: _____ Breed: _____

Color: _____ Birthdate: _____ Male Neutered Female Spayed

Is your pet up to date on their vaccines? Yes No

If yes where & when were they given? _____

Known allergies? _____ Current medications? _____

What is your pet's reason for visiting us today? _____

Please check any symptoms that you have noticed about your pet:

- Vomiting
- Diarrhea
- Loss of Appetite
- Depressed
- Lethargic
- Increased Urine
- Increased Thirst
- Limping
- Sneezing
- Gagging
- Coughing
- Runny Eyes
- Scooting
- Smelly Ears
- Eye Irritation
- Scratching

How did you hear of us?

By the phone book – Which one? _____

Referred by someone: - If so, who may we thank? _____

Noticed the hospital when driving by. Mail advertisement. Television/Radio Internet/Website

I hereby authorized the veterinarians & staff to examine, prescribe for, and/or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that any and all charges will be paid for at the time when services are rendered and that a deposit may be required for hospitalization, treatment and/or surgery.

I understand that in order to protect my privacy, information regarding client and or patient information can only be released to the owners named above, and a medical record release form will need to be completed and signed by the above named owner(s).

EAST BOSTON ANIMAL HOSPITAL DOES NOT OFFER BILLING. ALL PAYMENTS ARE DUE IN FULL AT THE TIME WHEN SERVICES ARE RENDERED. PLEASE INFORM EITHER A VETERINARIAN OR TECHNICIAN IF YOU REQUIRE AN ESTIMATE BEFORE SERVICES ARE PERFORMED.

Signature of Owner: _____ Date: _____

Please select your method of payment: Cash MasterCard Visa Discover American Express