

# New Client and New Pet visit

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Please press "Submit" when you have completed this form.

## 1. Client information

First Name:	Last Name:	Date of Birth:	Name and Driver's license number	
_____	_____	_____	_____	
Street Address:	Apt./Unit #:	City:	State:	Zip Code:
_____	_____	_____	_____	_____
Mobile Phone:	Home Phone:	Email:		
_____	_____	_____		
Preferred contact method:	Date			
<input type="radio"/> Mobile Phone <input type="radio"/> Home Phone <input type="radio"/> Email	_____			
How would you like to be contacted?				
<input type="checkbox"/> Text <input type="checkbox"/> Call				

## 2. If we are unable to reach you, please provide an alternative emergency contact.

Contact Name	Relationship	Phone Number
_____	_____	_____
Email	Please list any persons authorized to make any veterinary decisions on your behalf regarding your pets	
_____	_____	

## 3. How did you hear about us?

\_\_\_\_\_

4. You acknowledge and agree that Bay Valley Animal Hospital may send you SMS messages for purposes such as appointment reminders, important updates about your pet, and other relevant communications. Your consent for SMS opt-ins is obtained by Bay Valley Animal Hospital, and you authorize them to send SMS messages to the phone number provided through our Platform. Additionally, the two-way texting feature allows you to respond to these SMS messages, enabling interactive communication with Bay Valley Animal Hospital.

YES, I would like to receive text notifications  NO, I do not wish to receive text notifications

Do you give Bay Valley Animal Hospital permission to receive any prior veterinary records from previous veterinarians and/or facilities.

Yes

No, I do not give permission to Bay Valley Animal Hospital to receive any prior veterinary records.

Do you give Bay Valley Animal Hospital permission to release medical records to another veterinary facility upon request.

Yes

No, I do not want my records shared with any other facility without my permission at this time.

Most Recent Vet

Most Recent Vet's phone number

5. Please provide additional details about your pet.

Does your pet have health insurance?

If so, what company

Signature

Patient Information

6. Please fill in your pet's information

Patient Name

Species

Dog  Cat

Color(s)

Sex

Male  Female

Spayed / Neutered

Female; Spayed  
 Male; Neutered  
 Neither (Intact)

If female is intact when was her last heat cycle?

Age

Date of birth

Is your pet microchipped?

Yes  No  Unknown

Microchip number, if unknown we can scan for the number.

7. Please fill out the information for all of your pets. If you only have 1 pet you can skip over filling out the rest of the pets.

Patient Name

Species

Dog  Cat

Sex

Male  Female

Spayed / Neutered

Spayed  Neutered  
 Neither (Intact)

If female is intact when was her last heat cycle?

Color(s)

Age

Date of birth

8. Please fill out the information for all of your pets. If you only have 1 pet you can skip over

**filling out the rest of the pets.**

Patient Name

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Species

Dog  Cat

Sex

Male  Female

Spayed / Neutered

Spayed  Neutered  
 Neither (Intact)

If female is intact when was her last heat cycle?

Color(s)

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Age

Date of birth

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9. If you have previous medical records available to upload, please provide a PDF, image, or document file. If you only have a physical copy, please arrive about 15 minutes before your appointment. It's preferred if we receive the records at least 24 hours prior to the appointment.

## Pets information regarding visit

10. Primary Reason for your visit

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11. Please answer with the most recent information.

What type of food are you feeding?

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How much per feeding?

How often?

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Any additional treats or people food?

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How are they Eating?

Normal amount  Increased amount  Decreased amount  Normally a finicky eater  None

How are they drinking?

Normal amount  Increased amount  Decreased amount  Unsure of the amount  None

Any coughing or sneezing? If yes Frequency?

Any vomiting? If yes Frequency?

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Any abnormal stool? If yes Frequency?

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Life style for canines, Check all that apply.

Boarding/Grooming  
 Dog parks/Day care/Classes  
 Camping/Hiking/Outdoor activities  Travel  
 Stays home

Life style for felines, Check all that apply.

Multi cat household  Indoor  Outdoor  Indoor/outdoor  Grooming

Please list any other pets living in the house

Any additional information?

Do you feel your pet would benefit from anxiety medications prior to their visit?

**12. Additional details about your pet's current state of health**

Any current medications, supplements, or over the counter medications? (If so how much and how often?)

Any CBD or Cannabis for your pet? (If so how much and how often?)

Currently on which flea/tick/heartworm prevention?

Any previous medical problems? (Seizures, Allergies)

Would you like any other procedures during your visit: (Pricing will be included in your treatment plan)

Anal glands  Nail trim  Other

If you selected other please explain:

Have you noticed any issues/problems with your pet? Are there any concerns for the following: (check all that apply)

Weight Loss  Weight Gain  Itching/Scratching  Shaking Head  Bad Breath  Urination Issues

Excessive Sleeping  Scooting  Difficulty Walking or getting up

Skin Masses or growths (explain below)  Car Sickness  Behavioral Problem  Other (explain below)

If checked for growths, please list when you noticed them. How big they were when you noticed them and how big they are now.

If there are concerns, how long has your pet been experiencing this problem and what symptoms have they been experiencing?

**13. Would you like a treatment plan (estimate) emailed to you for your pets upcoming appointment?**

Yes

No, will discuss at time of appointment

I understand a separate appointment may be needed to address any additional concerns stated in this questionnaire or discussed at the time of the appointment.

\_\_\_\_\_  
Signature

We will discuss the exam findings and recommendations. I understand that financial responsibilities for services are rendered at the time of discharge.

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Signature

Do you consent to the use of audio recording during your appointment for the purpose of scribing our medical notes?

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Signature

14. If you have any other questions or concerns please list below or give us a call at (989)686-0703. We look forward to seeing you at your appointment!

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Once completed, you may email this form to [bayvalleyvet76@gmail.com](mailto:bayvalleyvet76@gmail.com).

If you cannot email this form, please bring it with you and arrive 15 minutes prior to your appointment. Thank you!