



Welcome to East Bay Animal Hospital
Thank you for entrusting us with your pet's care.

Client I/D _____

Owner Name _____ Co-Owner _____

Physical Address _____ Lot/Apt # _____

City _____ State _____ Zip Code _____

Mailing Address if different _____

Primary Phone Number: (_____) _____ - _____ ☐ Cell or ☐ Landline? Text ok? _____

Secondary Phone Number: (_____) _____ - _____ ☐ Cell or ☐ Landline? Text ok? _____

E-Mail Address _____

Employer _____ Work Phone _____

Co-Owner/Other Employer _____ Work Phone _____

Family member(s) involved in pet's care _____

THIS PET / NAME BREED COLOR BIRTHDATE NEUTERED?

				M / F Yes / no
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PLEASE NOTE ALL OTHER PETS IN HOUSEHOLD

				M / F Yes / no
				M / F Yes / no
				M / F Yes / no

If there is anything we should know about your pet's history, please jot us a note on back of form.

How did you choose East Bay Animal Hospital? **(Check all that apply)**

☐ Drove by, saw sign ☐ Drove by, saw building ☐ Previous Client ☐ EBAH Website ☐ Internet

☐ Facebook Referred by _____

Shelter _____ Other _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES TODAY

Estimates cheerfully provided

Payment Methods Accepted: Am Ex Cash Check MasterCard Visa CareCredit ScratchPay

Shortly you will receive an email invitation to join PETLY. Please accept and set up a pin number! This is your "on-the-go" portal to your pet's vaccine and medical history!

We wish to be your pet's primary health care provider. Please feel free to contact us whenever you have concerns or questions regarding your pet. Thank you for choosing East Bay Animal Hospital.