



# 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