

Bayshore Veterinary Clinic of L'Anse

438 Main Street

L'Anse, MI 49946

906-524-5678

Canine Patient Registration Form

Name of Owner _____
Last _____ First _____ Middle _____

Home Address _____

City _____ State _____ Zip _____

E-mail address _____

Drivers License/SS# _____ See Attached _____ (This information is needed in case of anesthetic or prescription of certain controlled medications)

Home Phone _____ **Name of Spouse/Partner** _____

Other Phone _____ (business, employment, relative, neighbor)

Referred by Whom _____ **Previous Veterinarian?** _____

Animal Information

Breed _____ **Name** _____ **Color** _____

Birth Date _____ **Male** **Neutered** **Female** **Spayed**

Date of Last:

1. Distemper Parvovirus Vaccination (DHLPP-CV) _____
2. Rabies Vaccination _____
3. Lyme Vaccination _____
5. Kennel Cough Vaccination (Bordetella) _____
6. Heartworm Check (Blood Test) _____ Results _____
7. Has your dog been on Heartworm Medication? _____
8. Last Stool Exam (for Intestinal Parasites) _____
9. Has your dog ever been dewormed? _____ When? _____

Are there any chronic medical problems of which we should be aware? _____

Please explain _____

Is your dog currently on any medications? (If so, please list them) _____

Do you have any other dogs? _____ How many? _____ Cats? _____ How many? _____

What brand of dog food do you currently feed? _____

Form of Payment

Cash _____ **Personal Check** _____ **Visa/ Mastercard/ Discover** _____ **CareCredit** _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Date: _____ **Please sign to consent to treatment:** _____

For Office Use: Identification Verified _____ **Date** _____ **Initials** _____

Consent For Use of Photos On Social Media Platforms

I hereby give Bayshore Veterinary Clinic of L'Anse permission to take pictures and/or videos of my pet and post them to our social media page. I understand that my pet's first name may be used, but no last name or owner's information will be released.

I Approve

I Decline

Date: _____

Signature: _____

Bayshore Veterinary Clinic New Dog Checklist

1. Where did you get your dog? _____ How long have you owned him/her? _____

2. Are You Planning on spaying or neutering your dog? _____

(This is best done at 4-6 months of age – Decreased recovery time – Decreased vascularity – Decreased pain.)

Bayshore Veterinary strongly suggests that you spay or neuter your dog for many reasons including:

- *Spaying a female before her first cycle greatly reduces her risk of breast, uterine, and ovarian cancer which is common in unaltered females.
- * Neutering your male **PREVENTS** testicular tumors and also decreases the possibility of perianal tumors and prostatic disease, which are common in older unaltered males.
- *Reducing the number of unwanted animals.
- *Preventing your male from straying.
- *Preventing unwanted sexual behavior and heat cycle messes in the home.

3. The core vaccinations Bayshore Veterinary Clinic **REQUIRES** for your dog are:

DHPPV/DHLPPV

Rabies – **State Law**

4. The following vaccinations are recommended for your dog:

Lyme (Very High Incidence in this area even for dogs in town)

Bordetella (Kennel Cough for grooming/boarding/traveling)

5. Yearly heartworm testing and prevention is also recommended for your dog. (\$54.00)

Would you like your dog tested? _____

HIPAA Release Form

Please complete all sections of this HIPPA Release Form. Make sure to sign at the bottom for the form to be valid.

Section 1 Health Information

I, _____, give my permission for Bayshore Veterinary Clinic of L'Anse to share my information along with my pets complete health record including lab work, diagnoses, and treatment and referral information.

Section 2 Duration of Authorization

This authorization for the release of information is valid until either my pet passes away or I opt to revoke this authorization in person or writing.

Section 3 Emergency Contacts for my Pet

I, _____, give my permission to the following individuals listed to authorize care for my pets. They are also able to make financial and end of life decisions on my behalf if I am unavailable.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Section 4 Signature

Signature: _____

Printed Name: _____

Date: _____

Drivers License or Social Security # _____

(This information is required because Michigan State law mandates that all controlled anesthetics and medications used on your pet be reported electronically.)

Owners date of birth _____

FTC Red flag rules require us to protect your identification. Therefore, once we load your I.D. into our electronically secure system, **this physical record will be shredded.*