

OFFICE USE ONLY
UPDATED DATE _____

BAYVIEW ANIMAL HOSPITAL P.C.

677 W. Shepard Lane

Farmington UT. 84025

(801) 451-2359

Dr. Richard J. White DVM

Dr. Cade Norman DVM

Dr. Clayne R. White DVM

Dr. Nancy Summers DVM

Thank you for giving Bayview Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Owner _____ Spouse _____
(Last) (First) (Initial) (Last) (First) (Initial)

Address _____
(Street) (City) (State) (Zip)

Residence Phone _____ Cell _____ Cell _____

Place of Employment _____ Work Phone _____

If Necessary, may we contact you at work? YES ___ NO ___

Personal Recommendation -Whom May We Thank? _____

Emergency Contact _____ Phone _____

EMAIL Address _____

We now run all checks through electronically. If you would rather not have us do this please pay with cash, debit or any major credit card. **WE DO NO CARRY CHARGE ACCOUNTS.**

The Undersigned specifically agrees to pay for all reasonable attorney's fees and court costs in the event legal action is taken to collect on the account. The Undersigned further agrees to pay an additional fifty (50%) of the principal balance if the account is referred to a collection agency or attorney for collection. This additional amount is in recognition of the cost associated with said collection action processing.

Signature _____

Please check your preferred method of payment:

CASH _____ CHECK _____ VISA _____ MASTERCARD _____

We look forward to meeting you and your pets needs.

We look forward to getting to know you and your pets