



George Katcherian, D.V.M & Associates  
 4263 Birch St. Newport Beach, CA 92660  
 Phone: (949) 756-0554 Fax: (949) 756-0297  
 www.bbvh.com

**Patient / Client Information**

DATE

Owner's Name \_\_\_\_\_ Partner \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Employer's Name & Address \_\_\_\_\_  
 Partner's Employer & Address \_\_\_\_\_  
 Friend or Relative to reach in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_  
 Is your pet insured? \_\_\_\_\_ Name of insurance \_\_\_\_\_  
 How did you first hear of our hospital?  Facebook  Mailer  Email-Newsletter  Yelp  
 Search Engine  Friend/Family \_\_\_\_\_  Other \_\_\_\_\_  
 Best reminder notice:  Call  Postcard  E-mail  Text

**ANIMAL MEDICAL HISTORY**

NAME	SPECIES	BREED	COLOR	BIRTH DATE/AGE	SEX	SPAYED/NEUTERED?	
						YES	NO
						YES	NO
						YES	NO
						YES	NO

Payment is expected at the time of service. For your convenience, the practice accepts cash, Care Credit, American Express, Discover, MasterCard and Visa credit cards.

I hereby authorize the doctors and staff of Back Bay Veterinary Hospital to examine, prescribe for, or treat my pets. I assume responsibility for all fees incurred in care of the pet(s). We will gladly provide you with a treatment plan after the veterinarian's exam; please ask prior to service being performed or medications prepared of your pet(s).

Would you like us to send you photo and/or video updates of your pet(s) while in daycare/boarding? YES NO  
 We love to show-off your pets! May we post photos/videos of your pet(s) on social media outlets? YES NO

\_\_\_\_\_  
 Signature of Pet(s) Owner Printed Name Date

If your pet is being referred to our hospital by your regular veterinarian please fill in the information below.

Veterinarian \_\_\_\_\_ Phone Number \_\_\_\_\_

It is our pleasure to serve you and your pet.

**Thank You**

CLIENT NUMBER