



2056 Jericho Turnpike
New Hyde Park, NY 11040
Phone (516) 877-7080

PATIENT/CLIENT REGISTRATION

Date	How did you hear about us?		
Owner's Name	Spouse/Other		
Address	City	State	Zip
Home Telephone	Work	Cell	
Email			
Employer's Name and Address			
In case of EMERGENCY, please call		at phone number	

Opt in for text message confirmations ☐

PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE

This policy helps control costs on which we base our fees

Social Security Number	
Driver's License Number	State
Signature	

PET INFORMATION

Name	Birthdate	Length of Ownership
Breed	Color	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Pet Origin: <input type="checkbox"/> ASPCA/Shelter <input type="checkbox"/> Breeder <input type="checkbox"/> Friend <input type="checkbox"/> Pet Store <input type="checkbox"/> Stray <input type="checkbox"/> Other		

Has your pet had any serious medical problems, allergies, or drug reactions in the past?

If so, please list them with approximate dates:

When was your cat last vaccinated against:

Rabies	Feline Distemper	Feline Leukemia
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Where was your pet last vaccinated?

NOTIFICATION/AUTHORIZATION FOR ALL HOSPITALIZED AND BOARDED ANIMALS: To prevent the spread of external parasites, such as fleas, I hereby authorize the doctor to provide parasite control for my pet.

**I AM FINANCIALLY RESPONSIBLE FOR THE PATIENT DESCRIBED ABOVE AND
AGREE TO PAY ALL FEES INCURRED.**

Your Signature

Date