CLIENT INFORMATION

OWNER'S Last Name: _____ First Name: _____

SPOUSE'S Last Name: _____ First Name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cell: _____ Emergency: _____

EMPLOYER: _____ Phone: _____

Address: _____

Driver's License # _____ State: _____

Social Security #_____

How did you hear about us? _____ Referred By: _____

PET INFORMATION

PET'S NAME: _____ BREED: _____

Dog □ CAT □ Male □ Female □ NEUTERED: □ Yes □ No

If other than a dog or cat, list TYPE OF ANIMAL: _____

COLOR: _____ DATE OF BIRTH: _____

Date last vaccinated: _____ Date of last rabies vaccine: _____

Allergies: _____ Medications: _____ Previous medical problems: _____

Previous surgeries: _____

Previous veterinarian: _____ Phone: _____

CONSENT AND AUTHORIZATION

I hereby represent that I am over the age of 18 and 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 when the services are rendered and that a deposit may be required for treatment.

SERVICE CHARGE

In the case of non-payment, I hereby promise to pay an additional fee of 1.5% per month of the outstanding balance on the account together with any collection costs, plus attorney fees, incurred to affect collection of this account. In the case of a returned check, I acknowledge that there will be fee of $30 imposed by and payable to Staten Island Veterinary Group.

Signature of owner or authorized agent _____ Date _____

Staten Island Veterinary Group • 3875 Victory Boulevard • Staten Island, NY 10314

Tel: 718-370-0390 • Fax 718-983-8870 • www.statenislandvetgroup.com