HUDSON HIGHLANDS VETERINARY SPECIALTY GROUP
222 Lime Kiln Road Hopewell Junction, NY 12533 Phone 845/223-8682 Fax 845/223-8672

New Specialty Client / Patient Registration

Owner's Full Name: _____

Other Responsible Parties: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Employer: _____

Business Phone #: _____ Emergency Phone #: _____

Email Address: _____

Pet Information

Pet Name: _____

DOG CAT OTHER / MALE FEMALE

Breed of Pet: _____

Date of Birth: _____ Spayed or Neutered: YES NO

Color/Markings: _____ Current Weight: _____

Medical History (if known): _____

_____

_____

_____

Were you referred to one of our specialists by another veterinarian? YES NO

Referring Doctor: _____

Would you like a report sent to your regular veterinarian? YES NO

Regular Doctor: _____

I, the undersigned, understand and agree that a finance charge will be applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.75% per month, which is the annual percentage rate of 25%. I am also aware that if this account should become delinquent, the same shall be responsible for the collection agencies fees. A $25 fee will be charged for each returned check.

Signed: _____ Date: _____