

HUDSON HIGHLANDS VETERINARY SPECIALTY GROUP. PC

New Specialty Client/Patient Registration

Name _____

Co-Owner/Spouse//Partner's Name: _____

Street Address _____

City _____ State _____ Zip Code _____

Employer _____

Primary Contact # _____ (circle one) cell / home / work **NAME** _____

Contact #2 _____ (circle one) cell / home / work **NAME** _____

Contact #3 _____ (circle one) cell / home / work **NAME** _____

Email Address _____

Email is used as a direct means of communication by many of our specialists. PLEASE PRINT CLEARLY

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Patient Information

Pet Name _____

Please Circle: DOG or CAT / MALE or FEMALE Spayed or Neuter YES / NO

Breed _____

Date of Birth _____ Color/Markings _____

Current Weight _____ Medical History/Referring Issue _____

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: _____

If not referred by a veterinarian, how did you hear about our practice?

____ Internet Search ____ Facebook ____ Website ____ Other _____

____ Friend or Relative, if so, their name is: _____

I, the undersigned, understand and agree that payment is due as services are rendered. If for any reason an unpaid balance remains on my account, after 30 days a finance charge will be applied. 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 be come delinquent, the same shall be responsible for the collection agencies fees. A \$15.00 fee will be charged for each returned check.

Owner's Signature _____ **Date** _____