



**West Village
Veterinary Hospital**
75 8th Avenue
New York, NY 10014
t: 212-633-7400
f: 212-807-1587
westvillagevets.com

**Tribeca Soho
Animal Hospital**
5 Lispenard Street
New York, NY 10013
t: 212-925-6100
f: 212-925-1676
tribecavets.com

**Battery Park
Veterinary Hospital**
21 South End Avenue
New York, NY 10280
t: 212-786-4444
f: 212-786-4040
batteryparkvets.com

**Seaport Animal
Hospital**
80 Beekman Street
New York, NY 10038
t: 212-374-0650
f: 646-937-5697
seaportanimalhospital.com

New Client Patient Information Form

PET-OWNER INFORMATION:

Primary Contact: Ms Mrs
Mr Dr **First Name:** _____ **Last Name:** _____

Second Contact: Ms Mrs
Mr Dr **First Name:** _____ **Last Name:** _____

Primary Contact Street Address: _____ **Apt #:** _____

City: (New York City) or _____ **State:** _____ **Zip:** _____

Being able to reach pet-owners quickly is important and often difficult; please provide the following contact information

What is the **best number** where we could reach you quickly? Cell Home
Work Other/Who _____

What is **second best** number? Cell Home
Work Other/Who _____

Email (Please print clearly): _____ @ _____

[We may send reminders by email or important info related to health, hospital staff changes, etc]

I found out about your Hospital from: Friend/Client _____ Other _____
Our Website Social Media Walked by

PATIENT INFORMATION:

Name: _____ Feline Canine Other: _____

Breed: _____ Female Male Spayed Neutered

Date of Birth is known: ____ / ____ / ____ **Estimated as:** ____ / ____ / ____ **Unknown**

Patient Color & Markings: _____

Can we use your pet's picture on our social media sites (Website, Facebook, YouTube)? Yes No

Does your Pet have a microchip? Yes No Please enter #: _____

Do you have Pet Health Insurance? Yes No

Do you anticipate any foreign travel with your pet? Yes No Specify: _____

FINANCIAL POLICY SUMMARY:

We do not bill for services. Payment is due in full at the time that services are performed. We cannot release hospitalized pets from the hospital, or release medications dispensed until the final bill for hospitalization or the current patient visit has been paid. We accept CASH, VISA, MASTERCARD, and AMEX payments. We accept personal checks if they can be guaranteed by Certegy Check Guarantee Service. There is a \$30 fee on returned checks. We promote the use of Pet Health Insurance (PHI) and are happy to keep, file, prepare, and send pre-signed claim forms in order to expedite your prompt reimbursement. Any information that we collect is private and for our use only. We do not extend credit. All open invoices are sent to collection after 30 days.

AUTHORIZATIONS:

I would like for the Hospital to keep the following credit card information on file to use as needed in the care of my pet. (Other than being convenient, this is useful when your pet is presented by a dog-walker, pet-sitter, or alternate care-giver.)

I allow use of my card by: _____ and _____

Visa MC AMEX Exp Date: ____ / ____ / ____ 3/4-digit Code: _____ Billing Zip Code: _____

Card #: _____ **Card Holder Name:** _____

I have read, understand, and agree to the Financial Policy. I authorize the use of my credit card if I have completed that information:

Signature: _____ **Date:** _____