



WOODSIDE PET HOSPITAL



50-10 69th Street, Woodside NY 11377

718-505-8080

CLIENT'S INFORMATION

Date: _____

Last Name _____ First Name: _____ Date of Birth: _____

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone: _____ Cell Phone: _____

Are you over the age of 18? Yes _____ No _____

Employer _____ Business Phone _____

Business Address _____ Occupation _____

Whom may we thank for referring you? _____

In case of an emergency, who should we contact? _____

PET'S INFORMATION

Pet's Name _____ Dog _____ Cat _____ Other _____

Age/DOB: _____ Sex: M _____ F _____ Breed _____ Weight _____

Neutered/Spayed Yes _____ No _____ At what age? _____ Color _____

How did you obtain this pet? through (a): Friend _____ Breeder _____ Pet Shop _____ Humane Society _____ Other _____

Prior Illnesses or Surgeries _____

Diet (type of pet food) _____

Please state vaccination status _____

Payment

We will gladly prepare a written estimate if you desire (please ask our doctor(s) or receptionist(s)). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME THE SERVICES ARE RENDERED.** In case of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept all major credit cards. There will be a service charge for any check returned unpaid. We can also apply for care credit for easier payment.

Our Policy States that in order to prevent the spread of infectious diseases, all hospitalized, grooming and boarding patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Print name of person responsible for pet: _____

Signature: _____ Date: _____