

WELCOME!

Thank you for giving Upstate Animal Medical Center the opportunity to care for your pet. Please help us to provide your pet with the best care possible by completing the following form.

CLIENT INFORMATION

Owner(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Place of Employment _____ Title _____

Spouse's Place of Employment _____ Title _____

If necessary, may we call you at work? _____ Work Phone _____

Driver's License No. _____ Social Security No. _____

How did you hear about our hospital? _____

PET INFORMATION

	PET A	PET B	PET C
NAME			
SPECIES			
BREED			
COLOR			
BIRTHDATE			
SEX (ALTERED?)			
LAST SEEN A VET?			
PREVIOUS VET'S NAME			

Do you wish to be present for laboratory specimen collections or other special procedures? _____

PAYMENT

We will gladly give you a written estimate if you desire (please ask our doctor or receptionist). ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept most major credit cards or can establish a payment arrangement if approved in advance of the treatment. There will be a service charge for any check returned unpaid.

Client Signature _____ Date _____

Thank you for giving us the opportunity to help you and your pet.

Email us at upstatevets@aol.com