

PARK HILLS ANIMAL HOSPITAL

2064 Deer Park Ave
Deer Park, NY 11729
(631) 667-2220

Information Sheet

Please Print and Complete

DATE _____

OWNER'S NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ D.O.B. _____

SPOUSE'S NAME _____

EMERGENCY CONTACT _____ PHONE _____

HOW DID YOU HEAR ABOUT US? (Please circle one)

Sm Phonebook/ Lg Phonebook/Location/Another Client/Other Vet/Advertisement/TV/Internet

PET'S NAME _____ SPECIES Cat/ Dog/ Bird/ Reptile/Ferret/

Rabbit/Hamster/Guinea

Pig/Gerbil/Other

BREED _____ AGE _____ DATE OF BIRTH _____

COLOR _____ SEX _____ SPAYED/NEUTERED _____

Last visit to the Veterinarian was _____, my pet was seen by Dr. _____

at _____ Animal Hospital.

OTHER PETS _____

Are they patients of Sachem Animal Hospital or Park Hills Animal Hospital? _____

FEE. I understand that I can receive a written fee estimate if I request one. I understand that a final fee will be based on actual services rendered, and agree to pay the full amount due at the time services are rendered or of the animal's release from the Hospital, including any boarding fees Should the Hospital have to institute collection proceedings to recover any amount owed by me, I agree to pay all costs of such collection proceedings, including any legal fees incurred.

Signature of Owner or Authorized Agent _____