



**Client-Patient Information**

Our goal is to help you and your pet in the best possible manner. Please take a few moments to fill out this form so that we can be of better assistance to you. This information will be entered into your pet's patient file.

**Client Information**

Name: \_\_\_\_\_  
(First) (MI) (Last)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Which Number Do You Prefer To Be Contacted? \_\_\_\_\_

Additional Contact : \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Spouse / Significant Other  Family Member  Friend

**Primary Veterinarian Information**

Clinic Name: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

**Referral Source**

If you are here on Emergency, or have not been referred by your Veterinarian, how did you hear of us? (Check one)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Google Search / Google Maps | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Radio                 | <input type="checkbox"/> Yellowpages   |
| <input type="checkbox"/> Vet's answering machine     | <input type="checkbox"/> Advertising   | <input type="checkbox"/> Television Commercial | <input type="checkbox"/> Other : _____ |

**Patient Information**

Pet's Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Breed: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  Spayed /  Neutered /  Intact

Color/Markings: \_\_\_\_\_

What problem(s) is your pet currently suffering from? \_\_\_\_\_

Does your pet have a history of chronic illness? If yes, please list conditions and previous hospitalizations: \_\_\_\_\_

Is your pet currently on any medications? If so, please list names and dosages. \_\_\_\_\_

- |   |                              |                             |                                 |
|---|------------------------------|-----------------------------|---------------------------------|
| To your knowledge, is your pet up to date with vaccinations?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Is your pet regularly taking heartworm preventative?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Is your pet regularly being given flea and tick preventative? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

What is your pet's regular diet?  Canned  Dry  Table Food  Prescription

Brand: \_\_\_\_\_

May we post pictures of your pet on our social media pages?  Yes  No Initials: \_\_\_\_\_



# Atlantic Coast New York

VETERINARY SPECIALISTS

Farmingdale | Bohemia

## Our Policy of Care and Payment

Providing a high quality of care is the goal of our practice. If your pet needs to be hospitalized you will receive an estimate with an approximation of charges. Payment is due at the time of treatment. We accept cash and major credit cards.

We also offer a flexible payment option called **CareCredit**®. Please inquire at the front desk about our 6 or 12 months promotional financing\* on qualifying purchases of \$200 or more made with your CareCredit® credit card account.

\*Subject to credit approval. Minimum monthly payments required. See hospital for details.

Here at Atlantic Coast New York Veterinary Specialists we accept the following forms of payment:

- Cash
- CareCredit®
- American Express
- Visa
- Mastercard
- Discover



I understand that I am responsible for the service fees incurred during today's office visit and/or hospitalization at Atlantic Coast New York Veterinary Specialists. If I choose to seek further treatment at another veterinary hospital, I am still responsible for the service fees of this visit. I also understand that I will receive a written estimate should it become necessary to hospitalize my pet.

**I understand that all fees for services provided are to be paid in full at the time of my pet's release. At the time of the patient's admittance for hospitalization, 100% of the low end of the estimate is due for all hospitalized cases.**

Signature of Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or responsible party)