



Vestal Veterinary Hospital Client & Patient Information



*Thank you for choosing Vestal Veterinary Hospital for the care of your pet.
Please assist us by completing this form.*

Please Print

Date _____ Home Phone _____
Owner Name _____ Employer _____
Address _____ Work Phone _____
City _____ Zip _____ Cell Phone _____
Email _____ Spouse/Associate Phone _____

Name of anyone other than you authorized to order/approve
treatment or obtain patient information _____

Patient Name _____ Dog ___ Cat ___ Bird ___ Other _____
Breed _____ Age _____ or Date of Birth ___ / ___ / _____
Color _____ Sex : Male ___ Female ___ Spayed ___ Neutered ___

Other Pets in Household:

Name _____ Breed _____ Patient here already? Yes/No
Name _____ Breed _____ Patient here already? Yes/No
Name _____ Breed _____ Patient here already? Yes/No

How did you choose Vestal Veterinary Hospital?

Referred by _____ ___ Previous Client with another pet Yes/No
___ Noticed building driving by ___ Staff Referral
___ Website - Which one? _____ ___ Yellow Page Advertisement Which one?
___ Other _____ Verizon? (smaller ad) Yellowbook? (full page ad)

May we utilize a photo of your pet in future advertisements or on our website or facebook page? Yes/No

Special Characteristics/Concerns _____

On occasion, we may find it necessary to contact you by phone about your pet. If you are not available, do we have your permission to leave medical information about your pet on your answering machine? Yes/No

Signature _____

Fees are due as services are rendered. We are pleased to accept cash, checks, Visa, Master Card, Discover, or Care Credit.