



# WELCOME TO OUR PRACTICE!!

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
Street City, State, Zip Street City, State, Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
(Used for lab results and reminders)

Employer: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Spouse/Co-Owner's Name: \_\_\_\_\_  
Last First Middle Initial

Spouse's Work Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

Children/Visitors: \_\_\_\_\_ Alternate Emergency Number: \_\_\_\_\_

Which is the best method(s) to contact you for reminders, lab test results, and appointment reminders?

Check all that apply:

- Phone Call: (\_\_\_\_\_) \_\_\_\_\_
- Text Message: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_
- Email
- Postcard Mailing

Travel Information: If your pet(s) travel (or have traveled) out of the area, where? \_\_\_\_\_

How do you feel your pets are like (circle one)?    A spouse    A family member    A friend    A possession

How did you hear about us? (Choose One)

- Website     Phone Book (Please Specify) \_\_\_\_\_     Sign     Alden Advertiser
- Facebook     WNY Metro     SPCA     Friend/Family, who can we thank? \_\_\_\_\_
- Other: \_\_\_\_\_

## ESSENTIAL PET INFORMATION

Cat	Dog	Other	Pet's Name	Birth Date	Sex	Breed/Color

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We will gladly prepare a written healthcare plan, with fee estimate. I understand that payment is due at the time of service and that I can pay by cash, check, Visa, Master Card, Discover Card, American Express, or Care Credit. To prevent the spread of infectious diseases, all hospitalized or boarded patients must be current on all vaccines and free from internal and external parasites. There will be a \$25.00 service charge for any check returned unpaid. Balances not paid will be sent to a reputable collection agency. I am responsible for all collection fees (33-40%) and any attorney fees. I hereby authorize the doctor to examine, prescribe for, and treat the above pet.

Signature of Responsible Agent for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_

\*Do we have permission to use a picture of your pet on our social media: (Check one)     Yes     No