

BELLPORT ANIMAL HOSPITAL
250 Sunrise Highway, East Patchogue, NY 11772
631-286-9660 (phone); 631-286-9465 (fax)

WELCOME

DATE _____

CLIENT INFORMATION

NAME (LAST NAME FIRST) _____
SPOUSE'S NAME _____
ADDRESS _____ CITY/STATE/ZIP _____
HOME PHONE _____ CELL PHONE _____
E-MAIL ADDRESS _____@_____.com
EMERGENCY CONTACT _____ PHONE _____
HOW DID YOU LEARN ABOUT OUR PRACTICE _____
PRIMARY REASON FOR VISIT _____

PET INFORMATION

PET'S NAME _____ DOG CAT OTHER _____
SEX _____ AGE _____ BIRTHDATE _____ BREED _____
COLOR _____ NEUTERED/SPAYED yes _____ no _____ WHAT AGE _____

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SEX _____ AGE _____ BIRTHDATE _____ BREED _____
COLOR _____ NEUTERED/SPAYED yes _____ no _____ WHAT AGE _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that there is no billing and all professional fees are due at the time services are rendered.

We accept cash, credit and debit cards. Personal checks are accepted if imprinted with your name and address and accompanied by a driver's license. All checks will be processed electronically.

How will you be paying for your services today? _____
Signature of client responsible for pet _____ Date _____