

VETERINARY MEDICAL CENTER
373 Hooper Road, Endwell, New York 13760
(607)748-7489



CLIENT REGISTRATION FORM

Clients visiting our hospital for the first time are most welcome. Please complete this form as fully as possible.
Please **PRINT**.

Date: _____
Name: _____ Spouse: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary cell phone (for messages/alerts): _____
In case of emergency, do you have an alternative phone? _____
E-mail address: _____
Is there someone we may thank for recommending our hospital to you? _____

All payments must be made at the time services are performed. Please indicate your preferred method of payment.

Please circle: CASH CHECK VISA MASTERCARD DISCOVER CARECREDIT AMERICAN EXPRESS

The undersigned gives permission to use their VISA/MASTERCARD/DISCOVER/CARECREDIT/AMERICAN EXPRESS for all delinquent boarding, hospital and/or banking charges.

Name of Bank: _____ Acct# _____
Driver's License #: _____ DOB: _____
Charge Card #: _____ Type: _____ Exp. _____

PET INFORMATION

	PET 1	PET 2	PET 3
Name:	_____	_____	_____
Species (dog, cat, other):	_____	_____	_____
Breed:	_____	_____	_____
Color:	_____	_____	_____
Date of Birth:	_____	_____	_____
Sex:	_____	_____	_____
Neutered? (Y or N):	_____	_____	_____
Last rabies vaccine date:	_____	_____	_____
Do you have vaccine records? (Y or N):	_____	_____	_____
Allergies (drug/vaccine/food/etc.):	_____	_____	_____
Current medications:	_____	_____	_____

I am the legal owner or representative of the animal(s) being presented for treatment and/or diagnosis, and I am over the age of 18 years and agree to the registration agreement.

Signature: _____

I give permission for social media posts of my pet(s): _____