

# **HAUPPAUGE ANIMAL HOSPITAL**

## **NEW CLIENT REGISTRATION FORM**

HOW DID YOU HEAR ABOUT HAUPPAUGE ANIMAL HOSPITAL?

ANOTHER CLIENT \_\_\_\_\_

INTERNET SEARCH ENGINE \_\_\_\_\_

YELLOW PAGES/YELLOW BOOK \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_  
(Must be 18 years of age or older)

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_ SPAYED/NEUTERED: \_\_\_\_\_

**FEE:** I understand that I can receive a written estimate if I request one. I understand that the final fee will be based on actual services rendered & may differ from the estimate given. I agree to pay the full amount due at the time services are rendered or upon animal's discharge from the hospital. If I fail to pay & my account goes into collection, I realize that I am responsible not only for my original bill but for any collection or legal fees incurred.

**Signature of Owner or Authorized Agent:** \_\_\_\_\_