

Welcome To Tuckahoe Veterinary Hospital

Thank you for giving us the opportunity to care for your pet. Please help us meet the needs of you and your pet by completing the following Registration Form. Please provide your Driver=s License for identification purposes.

Date _____

Home Phone # _____
(This will be your Client ID#)

Legal Owner Information

Name (s) _____ DOB _____ Driver=s License # & State _____

1. _____ / _____ / _____
2. _____ / _____ / _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____ E-Mail Address _____
1. _____
2. _____

Address: _____

Employer: _____ Work Phone: _____

Emergency Contact Name & Phone #: _____

Patient Information

Pet=s Name _____ Species (Canine/Feline) DOB/Age _____ Breed _____ Sex/Neutered? _____
1. _____
2. _____

Last Vaccine Date _____ Existing Medical Problems _____ Reason For Visit _____
1. _____
2. _____

Payment Policy

I agree to make full payment at the time of my visits, including all elective surgery and hospitalization. Cash, check, debit cards, VISA and Mastercard are accepted. In case of emergency care and/or surgery, exceptions may be made on an individual basis, at which time a 50% deposit will be required and a payment plan agreed upon after estimated costs are determined. I understand that a minimum **\$5.00 per month service charge** will be applied to all **unpaid balances over 30 days with an interest rate of 1& 2 % per month or 18% per annum.** I agree to take full responsibility for all charges for services rendered. I understand that if it becomes necessary to proceed with **Collection Procedures, I am responsible for all costs incurred by Tuckahoe Veterinary Hospital to collect the debt, as well as, any and all attorney and other collection fees.** I also understand that there will be a **\$35.00 charge** added to my account for any **returned checks.** I acknowledge that I am over 18 years of age.

Responsible Party Signature: _____ Print Name: _____
SS# _____ DOB _____ / _____ / _____

Address(if different from Legal Owner): _____

How did you become aware of our hospital? (Please circle one) Sign Yellow Pages Radio Newspaper Article
Internet Friend/Acquaintance (Please print name so we may send them a thank you) _____