

HUDSON HIGHLANDS VETERINARY MEDICAL GROUP. PC

New Client/Patient Registration

Name _____

Co-Owner/Spouse//Partner's Name: _____

Street Address _____

City _____ State _____ Zip Code _____

Employer _____

Primary Contact # _____ (circle one) cell / home / work **NAME** _____

Contact #2 _____ (circle one) cell / home / work **NAME** _____

Contact #3 _____ (circle one) cell / home / work **NAME** _____

Email Address _____

In providing your email address you gain access to a pet portal that will allow you to see vaccination due dates, request appointments, receive seasonal newsletters and important news from Hudson Highlands Veterinary Medical Group. PLEASE PRINT CLEARLY

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Patient Information

Pet Name _____

Please Circle: DOG or CAT / MALE or FEMALE Spayed or Neuter YES / NO

Breed _____

Date of Birth _____ Color/Markings _____

Current Weight _____ Medical History _____

How did you hear about our practice?

___ Internet Search ___ Facebook ___ Website ___ Other _____

___ Friend or Relative, if so, their name is: _____

___ Veterinary Referral, if so, their name is: Dr. _____

Hudson Highlands would love the opportunity to share your pets' picture to our social media sites, **please initial here** _____ giving us permission.

I, the undersigned, understand and agree that payment is due as services are rendered. If for any reason an unpaid balance remains on my account, after 30 days a finance charge will be applied. The finance charge is computed by a periodic rate of 1.75% per month, which is the annual percentage rate of 25%. I am also aware that if this account should become delinquent, the same shall be responsible for the collection agencies fees. A \$15.00 fee will be charged for each returned check.

Other than the above, is there anyone else that is responsible for making medical decisions for your pet? YES or NO If yes, indicate below. **(Please keep in mind you will be giving each person on this list authority to make medical decisions for all your pets) By signing below, I am requesting that veterinary treatment be provided for all pets presented.**

Name _____ Relationship (son/daughter, parent, sitter etc) _____

Name _____ Relationship (son/daughter, parent, sitter etc) _____

Owner's Signature _____ **Date** _____