



Welcome to Long Island City Veterinary Center. Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs by taking a moment to complete this information sheet.

Date: _____

Client Information:

Full Name _____ Spouse/Co-Owner _____
Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Telephone _____
Social Security # or D.O.B. _____ E-mail Address _____

Your email will only be used by us. You will not receive junk mail. We send out vaccine reminders and appointment confirmations.

Check us out on social Media. We are on Facebook, Twitter, Google+, Yelp, and Instagram.

By signing below you authorize the staff of Long Island City Veterinary Center to use photographs of this pet for promotional purposes including but not limited to brochures, website, and social media such as Facebook and Instagram.

Recommendation:

How did you find out about our hospital? _____

Personal Recommendation (*Whom may we thank?*) _____

Pet Information: Canine Feline

Pet's Name _____ Breed _____ Date of Birth _____ Color _____

Sex: Male Female Neutered Spayed Unaltered

Is your pet Microchipped? No Yes - # _____ if you don't know, ask us to scan your pet

Heartworm/ Flea/ Tick Preventative _____

Any previous serious illness or surgery? _____

Any allergies? _____

Any special diets or medications your pet is currently on? _____

Does your pet have Insurance? If so which one? _____

To prevent the spread of infectious disease; all in-house, out-patient and boarders must be current on all vaccines and free of parasites. I understand this to be the strict policy of the hospital and authorize the doctors to provide my pet(s) with vaccinations and parasite control as needed. Any necessary treatments will be included on the invoice and due at the time of treatment.

We kindly request that ALL services are paid at the time they are provided. All outstanding balances will be sent to collections. Client acknowledges personal financial responsibility for services received. In the event of an emergency and I am not able to be reached, I authorize and agree to pay for any service Long Island City Veterinary Center determines necessary to provide the highest standard of care to my pet. I acknowledge that I am the owner of the patient listed above or that I am authorized by the owner to make medical decisions on its behalf. In cases where the rightful owner fails to make payments for any medical decisions made, I will assume the financial responsibility for the decisions I have made.

For your convenience we gladly accept cash, debit cards, Visa, MasterCard, and American Express. **Sorry No Checks Accepted. DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.**

By signing below you acknowledge and agree to the above statements and also certify that you are at least 18 years of age.

SIGNATURE _____ DATE _____