



Dickin Memorial Animal Hospital
716 Harry L. Drive
Johnson City, New York 13790
(607) 217-5202

PATIENT/CLIENT INFORMATION

Welcome to *Dickin Memorial Animal Hospital*. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Your Name/Title _____
Spouse/other _____
Address _____ City _____
Zip _____
Home Telephone _____ Your Work Telephone _____ Cell _____
Your Email Address _____
Spouse/Other Email _____
Your Employer _____
Employer Telephone _____
Spouse's Employer _____
Employer Telephone _____
In case of EMERGENCY, please call _____ @ Telephone _____
Preference on communication with Dr. about test results and such: Phone message _____ Email _____
How did you first learn of our hospital? We would like to thank any individual who referred you.
Hospital Sign Radio Yellow Pages Ad Newspaper TV Personal
Reference
Referred by _____

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

IF A BALANCE REMAINS FOR MORE THAN 30 DAYS WE HAVE THE RIGHT TO TURN THAT UNPAID ACCOUNT OVER TO THE AMERICAN CREDIT BUREAU FOR THE COLLECTION OF THE REMAINING BALANCE. THE FLAT FEE FOR THIS WILL BE \$15.00 THAT YOU THE CLIENT WILL BE RESPONSIBLE FOR.

We accept cash, checks drawn from a local bank, CareCredit, VISA, MasterCard and Discover Card.

There will be a \$25.00 fee for any check that is returned to us.

With your signature you have acknowledged and except the terms of Dickin Memorial Animal Hospital.

SIGNATURE _____

DATE _____

ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
Name			
Cat or Dog?			
Breed			
Description/color			
Age			
Date of Birth			
Sex/Altered?			
Length of Time Owned			
How Obtained?			
Previous Hospital/Vet			
Microchip #			
Vaccinations			
DHPP			
Bordetella			
Rabies			
FVRCP			
FELV			
Any Other Vaccines?			
Groomer			
Kennel			
Current Medications			
Special Diet			
Prior Illness/Accidents			
Prior Surgery/Dentistry			

How do you consider your pet? As part of your family Just a pet

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

Signature _____

Date: _____