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## **NEW CLIENT / PET INFORMATION FORM**

Levittown Animal Hospital 2703 Hempstead Turnpike, Levittown, NY 11756 (516) 796-2266

### **CLIENT INFORMATION:**

LAST NAME: \_\_\_\_\_ YOUR FIRST NAME: \_\_\_\_\_

STREET ADDRESS & CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

May we contact you at work?  YES  NO WORK PHONE: \_\_\_\_\_ EXT \_\_\_\_\_

EMAIL: (please print clearly) \_\_\_\_\_ @ \_\_\_\_\_

Who else is authorized to make decisions about your pet's healthcare? (name): \_\_\_\_\_

THEIR HOME PHONE: \_\_\_\_\_ THEIR CELL/WORK PHONE: \_\_\_\_\_

How did you find out about our hospital? \_\_\_\_\_

Who should thank for their referral? (name): \_\_\_\_\_

### **PET INFORMATION:**

PET'S NAME: \_\_\_\_\_ DATE/YEAR BORN: \_\_\_\_\_

SPECIES:  Dog  Cat  Other \_\_\_\_\_ Breed: \_\_\_\_\_

SEX:  MALE  FEMALE Has your pet been spayed / neutered?  YES  NO

COLORS & IDENTIFYING MARKINGS: \_\_\_\_\_

Does your pet have a microchip identification?  YES  NO

In the last 12 months, has your Pet had:

A complete physical examination?  YES  NO

Regular vaccinations?  YES  NO

Do you have health insurance for your Pet?  YES  NO

Levittown Animal Hospital advocates the use of Pet health insurance. We can assist you with preparing, filing and sending claim forms in order to expedite your reimbursement.

***FINANCIAL POLICY:*** Payment is due in full at the time that services are performed. If being admitted into the hospital, we cannot begin the care of your Pet until you have confirmed your desire to do so by 1) signing the client consent & estimate form, and 2) leaving an initial deposit of 50% of the upper end of the estimate. This is the only way that we have of knowing for certain that you want us to proceed with the care of your Pet. We accept cash, Visa, Mastercard, American Express and Discover payments. We can accept personal checks if and only if you can provide a driver's license, non-driver identification card, or military identification with a Social Security number. When paying by check, you authorize us to use the account information from your signed check to make an electronic fund transfer (EFT) from your account for the same amount as the check. The EFT from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account at the time of payment. All checks are subject to check guarantee services. There is a \$50 fee for checks that are drawn against an account with insufficient funds. We neither extend credit, nor bill for services. All open invoices are sent to collections after 45 days unless prior arrangements are made. Your initials in the following space will indicate that you have read and accepted our financial policy: \_\_\_\_\_ (initials)