



*Dickin Memorial Animal Hospital
 2001 East Main Street
 Endicott, New York 13760
 (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 A COLLECTION AGENCY FOR THE COLLECTION OF THE REMAINING BALANCE. I UNDERSTAND THAT ANY AMOUNTS NOT PAID BY MY INSURANCE ARE MY RESPONSIBILITY. SHOULD THE ACCOUNT BE REFERRED TO A COLLECTION AGENCY OR AN ATTORNEY FOR COLLECTION, I WILL PAY ACTUAL EXPENSES, FEES AND INTEREST AT A LEGAL RATE. CONTACT CAN BE MADE VIA WIRELESS TELEPHONE, ELECTRONIC MAIL (E-MAIL) OR ANY OTHER MEANS.

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
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).

*****Please note that we will no longer be sending notifications for vaccine reminders. Please mark your calendars to call when you are due.****

Signature _____

Date: _____