

# Dansville Animal Hospital

110 Clara Barton Street  
Dansville, NY 14437  
Tel: (585) 335-6058 Fax: (585) 335-6057

## NEW CLIENT REGISTRATION FORM

OWNER Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Driver's license/ID # (required) State \_\_\_\_\_ # \_\_\_\_\_

Home/Work Phone \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_

How did you hear about us \_\_\_\_\_

Pets Name 1 \_\_\_\_\_ Birth Date \_\_\_\_\_

Color/Markings \_\_\_\_\_

Type of Animal \_\_\_\_\_ Breed \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Neutered/Spayed? \_\_\_\_\_

Pets Name 2 \_\_\_\_\_ Birth Date \_\_\_\_\_

Color/Markings \_\_\_\_\_

Type of Animal \_\_\_\_\_ Breed \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Neutered/Spayed? \_\_\_\_\_

Pets Name 3 \_\_\_\_\_ Birth Date \_\_\_\_\_

Color/Markings \_\_\_\_\_

Type of Animal \_\_\_\_\_ Breed \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Neutered/Spayed? \_\_\_\_\_

Is health record available: Y \_\_\_ N \_\_\_ phone # of previous Veterinarian(s) Used \_\_\_\_\_

### **PAYMENT AGREEMENT:**

This hospital is not equipped for billing. Payment in full is expected at the time of visit.

We accept Cash, MasterCard, and Visa. **If paying by check:** Verification through TeleCheck

Credit card # \_\_\_\_\_ exp: \_\_\_\_\_ type: \_\_\_\_\_

V- code: \_\_\_\_\_

*If for any reason my check does not clear, I agree to authorize All Pets to charge the total amount of the check including a \$20.00 returned check fee to my credit card and I will be responsible for updating my credit card information as needed. I agree to pay for all services rendered upon release.*

Date: \_\_\_\_\_ Signature \_\_\_\_\_