



**West Village  
Veterinary Hospital**  
75 8th Avenue  
New York, NY 10014  
t: 212-633-7400  
f: 212-807-1587  
westvillagevets.com

**Tribeca Soho  
Animal Hospital**  
5 Lispenard Street  
New York, NY 10013  
t: 212-925-6100  
f: 212-925-1676  
tribecavets.com

**Battery Park  
Veterinary Hospital**  
21 South End Avenue  
New York, NY 10280  
t: 212-786-4444  
f: 212-786-4040  
batteryparkvets.com

**Seaport Animal  
Hospital**  
80 Beekman Street  
New York, NY 10038  
t: 212-374-0650  
f: 646-937-5697  
seaportanimalhospital.com

## New Client/Patient Information Form

**PET-OWNER INFORMATION:**

**Primary Contact:** Ms  Mrs   
Mr  Dr  **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Second Contact:** Ms  Mrs   
Mr  Dr  **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Primary Contact Street Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_  
**City: (New York City) or** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*\*Being able to reach pet-owners quickly is important and often difficult; please provide the following contact information\*\***

**Best number** to reach you? Work  Cell  Home  \_\_\_\_\_ Ok to text?   
**Second best** number? Work  Cell  Home  \_\_\_\_\_ Ok to text?

**Email** (Please print clearly): \_\_\_\_\_ @ \_\_\_\_\_  
[We may send reminders by email or important info related to health, hospital staff changes, etc]

**I found out about your Hospital from:** Friend/Client \_\_\_\_\_ Other \_\_\_\_\_  
Our Website  Social Media  Walked by

**PATIENT INFORMATION:**

**Name:** \_\_\_\_\_ **Feline**  **Canine**  **Other:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_ **Female**  **Male**  **Spayed/Neutered**   
**Date of Birth is known:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Estimated as:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Unknown**   
**Patient Color & Markings:** \_\_\_\_\_

Can we use your pet's picture on our social media sites (Website, Facebook, Instagram, etc)? Yes  No   
Does your Pet have a microchip? Yes  No  Please enter #: \_\_\_\_\_  
Do you have Pet Health Insurance? Yes  No   
Do you anticipate any foreign travel with your pet? Yes  No  Specify: \_\_\_\_\_  
Do you anticipate purchasing from any online pharmacies? Yes  No  **If YES, Prescription Waiver must be signed.**  
Do you authorize DVMH to send vaccine history to your groomer, daycare, dog walker, etc? Yes  No

**FINANCIAL POLICY SUMMARY:**

We do not bill for services. Payment is due in full at the time that services are performed. We cannot release hospitalized pets from the hospital, or release medications dispensed until the final bill for hospitalization or the current patient visit has been paid. We accept CASH, VISA, MASTERCARD, DISCOVER, AMEX, and CARE CREDIT payments. We accept personal checks if they can be guaranteed by Certegy Check Guarantee Service. There is a \$30 fee on returned checks. We promote the use of Pet Health Insurance (PHI) and are happy to keep, file, prepare, and send pre-signed claim forms in order to expedite your prompt reimbursement. Any information that we collect is private and for our use only. We do not extend credit. All open invoices are sent to collection after 30 days.

**MISSED APPOINTMENT POLICY:**

Some of our appointments are highly requested (especially for weekend and evening slots). When a patient does not show up or is late for their scheduled appointment, it wastes a time slot that another patient could have utilized. If you will be unable to make your appointment, please call 24 hours prior to your appointment time to cancel or reschedule.

**The following charges will be billed for missed appointments:**

- \$25 - for any missed appointment
- \$100 - for any missed surgery appointment

**I have read, understand, and agree to the Financial Policy and Missed Appointment Policy.**

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