

# Dansville Animal Hospital

110 Clara Barton Street | Dansville, NY 14437 | Phone (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?**    Yelp.com    Veterinarians.com    Localvets.com    Angie's List  
 Paper Ad    Yellow Pages    Facebook    Website    Walk-in / Sign    I am a previous client  
 Friend / Relative – are they a client? (name) \_\_\_\_\_  Other \_\_\_\_\_

<p>Pet's Name 1 _____ Birth Date _____</p> <p>Type of Animal _____ Breed _____ Male ___ Female ___ Neutered / Spayed? _____</p> <p>Color / Markings _____</p>
<p>Pet's Name 2 _____ Birth Date _____</p> <p>Type of Animal _____ Breed _____ Male ___ Female ___ Neutered / Spayed? _____</p> <p>Color / Markings _____</p>

Is health record available: Yes \_\_\_ No \_\_\_ Phone # of previous Veterinarian(s) used \_\_\_\_\_

### **PAYMENT AGREEMENT:**

Payment in full is expected at the time of visit. We accept cash, checks, and all major credit cards.

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ Type: \_\_\_\_\_ V-code: \_\_\_\_\_

*If for any reason my check does not clear, I agree to authorize Dansville Animal Hospital to charge the total amount of the check including a \$25.00 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 \_\_\_\_\_