

**Walworth Animal Hospital**  
**1711 Penfield Rd, Walworth, NY 14568**  
**Client Information**

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

If You Prefer to Have Reminders Sent By E-Mail Please Include E-Mail Address \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Spouse's/Other's Employer Name & Address: \_\_\_\_\_

At What Time \_\_\_\_\_ And At What Phone # \_\_\_\_\_ Is It Best to Call About Your Pet?

In Case of EMERGENCY, Call \_\_\_\_\_ At Phone # \_\_\_\_\_

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered.

How did you hear of our hospital?

- Individual, Someone We May Thank? \_\_\_\_\_
- Yellow Pages, or another telephone directory?
- Hospital Sign?
- Another Hospital? If so, which? \_\_\_\_\_
- Internet/Digital: \_\_\_\_\_
- Other, please state: \_\_\_\_\_

***To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.***

I understand that every reasonable effort will be made to achieve a successful outcome and to provide a safe environment during my pet's handling and/or hospital care. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the patient information form and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary as well as a 1% service charge per month, or a minimum \$6.00 on any account over 30 days past due. I understand that a service fee of \$20.00 and any additional bank fees will be assessed for each non-sufficient funds check and/or certified letter that must be sent. I understand that during my pet's stay at your facility veterinary service is only provided during non-business hours when deemed necessary by the veterinarian in charge. I also understand that during my pet's stay at your facility qualified personnel may not be present or provided during non-business hours. If I neglect to pick up my pet within five (5) days of the discharge date and do not notify you within that time period, I understand that you will proceed with any and all legal remedies available to you which may include disposal of my pet, pursuant to the Abandoned Animal Statute of New York, Section 331 of the Agriculture and Markets Law.

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