



Midtown • Long Island City • Court Square

Welcome to NYC Vet Group. Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs by taking a moment to complete this information sheet.

nycvetgroup.com

Date: _____

Client Information:

Full Name _____ Spouse/Co-Owner _____

Address _____ Apt# _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

E-mail _____ Only to be used by us. You will not receive junk mail. We send out vaccine reminders and appointment confirmations as well as any important notices.

Social Security # or D.O.B. _____ Strictly confidential as part of your medical and billing record

Check us out on Social Media. We are on **Facebook, Twitter, Google+, Yelp, and Instagram.**

By signing below you authorize the staff of NYC Vet Group to use photographs of this pet for promotional purposes including but not limited to brochures, website, and social media such as Facebook and Instagram.

Recommendation:

How did you find out about our hospital? _____

Personal Recommendation? *Whom may we thank?* _____

Pet Information: Canine Feline

Pet's Name _____ Breed _____ Date of Birth _____ Color _____

Sex: Male Female Neutered Spayed Unaltered

Is your pet Microchipped? No Yes - # _____ if you don't know, ask us to scan your pet

Heartworm/ Flea/ Tick Preventative _____

Any previous serious illness or surgery? _____ Any allergies? _____

Any special diets or medications your pet is currently on? _____

Which Pet insurance does your Pet have? _____

To prevent the spread of infectious disease; all in-house, out-patient and boarders must be current on all vaccines and free of parasites. I understand this to be the strict policy of the hospital and authorize the doctors to provide my pet(s) with vaccinations and parasite control as needed. Any necessary treatments will be included on the invoice and due at the time of treatment.

We kindly request that ALL services are paid at the time they are provided. All outstanding balances will be sent to collections. Client acknowledges personal financial responsibility for services received. In the event of an emergency and I am not able to be reached, I authorize and agree to pay for any service NYC Vet Group determines necessary to provide the highest standard of care to my pet. I acknowledge that I am the owner of the patient listed above or that I am authorized by the owner to make medical decisions on its behalf. In cases where the rightful owner fails to make payments for any medical decisions made, I will assume the financial responsibility for the decisions I have made.

For your convenience we gladly accept cash, debit cards, Visa, MasterCard, and American Express. **Sorry No Checks Accepted. DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.**

By signing below you acknowledge and agree to the above statements and also certify that you are at least 18 years of age.

SIGNATURE _____ **DATE** _____

LIC Veterinary Center
48-18 Vernon Blvd
Long Island City, NY 11101
718-383-8387

East Side Animal Hospital
321 E 52nd St
NY, NY 10022
212-751-5176

Veterinarians at Court Sq
27-19 44th Dr
Long Island City, NY 11101
718-400-8387