



SACHEM ANIMAL HOSPITAL & WELLNESS CENTER



227 Union Ave.
Holbrook, New York 11741
631-467-2121

Please Print and Complete

DATE: _____

OWNER'S NAME: _____

(Must be 18 years of age or older)

ADDRESS: _____

ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS _____

PLACE OF EMPLOYMENT: _____

DRIVER'S LICENSE NUMBER: _____ D.O.B. _____

(If paying by check today or in the future)

SPOUSE'S NAME: _____

EMERGENCY CONTACT: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US? (Please circle one)

Sm Phonebook / Lg Phonebook / Location / Another Client - name / TV / Internet / OtherVet / Advertisement - Where?

PET'S NAME: _____ SPECIES: Cat/ Dog/ Bird/ Reptile/Ferret/

Rabbit/Hamster/Guinea Pig/Gerbil/Other

BREED: _____ AGE: _____ DATE OF BIRTH: _____

COLOR: _____ SEX: _____ SPAYED/NEUTERED: _____

Last visit to the Veterinarian was _____, my pet was seen by Dr. _____
at _____ Animal Hospital.

NAMES OF OTHER PETS: _____

Are they patients of Sachem Animal Hospital or Park Hills Animal Hospital? _____

FEE. I understand that I can receive a written fee estimate if I request one. I understand that a final fee will be based on actual services rendered, and agree to pay the full amount due at the time services are rendered or of the animal's release from the Hospital, including any boarding fees Should the Hospital have to institute collection proceedings to recover any amount owed by me, I agree to pay all costs of such collection proceedings, including any legal fees incurred.

Signature of Owner or Authorized Agent: _____