

New Client/Pet Form

Date _____

Pet Owner 's Name _____ Spouse/Other _____

Physical and Mailing Address _____ City _____

State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address (for vaccine reminders) _____

Employer's Name and Address _____ Work Phone _____

Emergency Contact _____ Phone number _____

How did you first hear of **Bullville Animal Hospital**? Yellow Pages Other _____

Referred by (We would like to thank them.) _____

Pet Information

Pet's Name _____

Birth Date _____

Species _____ Breed _____ Color _____

Female Spayed YES NO

Male Neutered YES NO

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? YES NO

Dental Care

Do you brush your pet's teeth? YES NO

Date of last dental cleaning? _____

Medical Conditions

Vaccination History

Please provide previous records, if available. You must provide a proof of rabies vaccine document, as required by NY State law, otherwise the Veterinarian will administer a rabies vaccine.

Medical records can be obtained from:-

Heartworm, Parasite, Flea & Tick prevention

Is your pet currently taking heartworm, parasite and/or flea and tick preventative?

YES NO

If yes, brands _____

Microchip Identification #

We accept cash, checks, visa, mastercard & Care Credit.

If paying w/ a personal check, please provide us with a valid Driver's License.

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release. I understand and accept that a late charge of \$15.00 per month will be added to any unpaid balance, past 30 days, and if my account is turned over for collections, all collection costs will be added to the outstanding balance.

Signature: _____

BULLVILLE ANIMAL HOSPITAL
2837 Route 17K, | Bullville, NY 10915
| Phone 8453613767 | Fax 8453615789

Financial Policy

Thank you for choosing Bullville Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Bullville Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard® or Discover Card® (Minimum charge of \$20.00 per transaction)
- Convenient Monthly Payment Options¹ from the CareCredit® Healthcare Credit Card
 - Allows you to begin treatment today and pay over time. Can be used repeatedly - for your entire family - without having to re-apply * (Minimum charge of \$20.00 per transaction.)
 - CareCredit cannot be used for preventative medications, pet food, nutritional supplements and treats.

Healthcare plans requiring comprehensive care of \$200, or more, will require a 50% deposit to begin your pet's treatment.

We will need to see a valid driver's license along with all payments, except cash.

Additional Policy Information:

Bullville Animal Hospital charges \$30 for returned checks. A fee of \$25 is charged for clients who miss or cancel more than 2 appointments in a calendar year without 24 hours notice. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed

*Subject to credit approval