



2717 State Route 51 • Ilion, NY 13357 • (315) 894-9923

Your Name:	Co-Owner's Name:
Address:	
City, State, Zip:	
County:	
Home/Cell Phone:	
Employer:	Employer:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Social Security Number:	Social Security Number:
Driver's License Number:	Driver's License Number:
E-Mail:	E-Mail:

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

There is a \$20.00 service fee for all returned checks and an 18% APR on all outstanding balances.  
 Clients are responsible for any legal or collection fees incurred.

Please indicate your choice of payment: Cash Check MasterCard/VISA/Discover CareCredit

How did you become aware of our clinic? Drove By Yellow Pages Friend/Relative Internet

If personal recommendation, whom may we thank? \_\_\_\_\_

**Patient Information:**

Name:	Breed:
Date of Birth:	Color:
Sex (Male or Female):	Spayed or Neutered?
Vaccination History- Dog: (please enter dates below)	Vaccination History- Cat: (please enter dates below)
Rabies:	Rabies:
DHLPP:	FCVR-PL:
Bordatella:	Leukemia:
Lyme:	FIV:
Heartworm/Lyme Test:	Leukemia/FIV Test:
Fecal Flotation:	Fecal Flotation:

Any previous serious illness or surgery? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

*Thank you and welcome to our practice!*