# Westhampton Beach ANIMAL HOSPITAL

**Welcome to Westhampton Beach Animal Hospital. Thank you for giving us the opportunity to care for your four legged family member(s). To ensure the best care possible, please take the time to fill out our new client/patient registration form in its entirety.**

## GENERAL INFORMATION

Date: _____

Name: _____ Spouse or Partner: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

E-Mail Address: _____

Are you a full time resident of the Hamptons or surrounding communities? Yes / No

If you are a seasonal resident, what months are you here? _____

## YOUR PETS INFORMATION

Name: _____ Date Of Birth *(or approx. age)*: _____

Breed: _____ Color: _____

Please Circle One: Male / Female Spayed/Neutered? Yes / No

Name: _____ Date Of Birth *(or approx. age)*: _____

Breed: _____ Color: _____

Please Circle One: Male / Female Spayed/Neutered? Yes / No

Name: _____ Date Of Birth *(or approx. age)*: _____

Breed: _____ Color: _____

Please Circle One: Male / Female Spayed/Neutered? Yes / No

Are we your pet's primary care veterinarian? Yes / No

If not, please list your pet's primary veterinarian's name and phone number for continuing care:

Practice Name: _____ Phone Number: _____

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**Whom should we thank?**

REFERRAL

- ☐ Sign / Facility / Walk In
- ☐ Friend/Family — Send Thanks To: _____
- ☐ Print Advertisement — Please Specify: _____
- ☐ Rescue Group: _____ — Pet Store: _____
- ☐ Website ☐ Google ☐ Yelp ☐ Facebook ☐ Other Social Media

Please Specify: _____

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

We will gladly prepare a written estimate if you desire at the time of your visit, please ask your doctor or the receptionist to do so. In case of **extensive medical** or **surgical procedures**, we take a 50% deposit based on the high end of your estimate. The balance is due at the time of discharge, no exceptions! We take cash, Mastercard, Visa, Discover, American Express, and personal checks which are automatically debited. There will be a $35.00 service charge for any check returned unpaid. We also accept CareCredit.

To prevent the spread of infectious diseases, all hospitalized, boarding, and grooming patients must be current on all vaccines *(unless waived for medical reasons by the Veterinarian on staff)*.

Signature Of Owner Or Agent Responsible For Pet(s): _____

**STAFF USE ONLY**

Microchip: _____ Rabies Tag: _____

# WE ARE SOCIAL

**Please be sure to follow us online!**