



**WELCOME
TO DONGAN HILLS VETERINARY
PRACTICE**

Client Information

Today's Date: _____

Name (Last Name, First): _____

Address: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact Name: _____ Phone: (____) _____

How did you learn of our practice? _____

Email address _____ Preferred method of communication _____

Number of pets (please specify by type): _____

Primary reason for today's visit: _____

Pet Information

Pet's Name: _____ Date of Birth: _____ Sex: [] Male [] Female [] Unknown

Species/Breed: _____ Color: _____ Neutered: [] Yes [] No

At what age was your pet obtained: _____ From: [] Friend [] Breeder [] Pet Shop [] Humane Society [] _____

Reason for obtaining your pet: [] Companionship [] Protection [] Breeding [] Show [] _____

Describe your pet's diet: _____

List your pet's current medications: _____

Briefly list any chronic problems or major surgeries: _____

Name of Veterinarian that last examined your pet: _____ When was your pet last vaccinated: _____

Please check any symptoms or problems you have noticed with your pet:

<input type="checkbox"/> Appetite loss	<input type="checkbox"/> Gagging	<input type="checkbox"/> Increased thirst	<input type="checkbox"/> Depression	<input type="checkbox"/> Scooting	<input type="checkbox"/>
<input type="checkbox"/> Appetite increase	<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Increased urination	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scratching	<input type="checkbox"/>
<input type="checkbox"/> Breathing problem	<input type="checkbox"/> Limping	<input type="checkbox"/> Weakness	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Shaking head	<input type="checkbox"/>
<input type="checkbox"/> Coughing	<input type="checkbox"/> Loss of balance	<input type="checkbox"/> Loss of stamina	<input type="checkbox"/> Eye problem	<input type="checkbox"/> Sneezing	<input type="checkbox"/>

Authorization
I hereby authorize the veterinarian(s) to examine, prescribe for, and/or treat the above described animal. I assume responsibility for all charges incurred in the care of this animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of person responsible for pet(s)

Date

Dongan Hills Veterinary Practice

289 Dongan Hills Ave | Staten Island, NY 10305 | 718-978-7777

Financial Policy

Thank you for choosing Dongan Hills Veterinary Practice. 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.

Dongan Hills Veterinary Practice requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

- Cash
- Check,
- Visa[®], MasterCard[®], American Express[®], Discover Card[®]

- **CareCredit[®]** (Health Care Financing)
 - o 6 month No Interest with CareCredit[®] if treatment is over \$500.00 *
 - o Extended payment plans (24 mo, 36 mo, 48 mo) when treatment is over \$1000.00* CareCredit[®] offers 60 mo payment plan when treatment is over \$2500.00 *

For some treatments or hospitalized care, a deposit may be required.

Additional Policy Information:

Dongan Hills Veterinary Practice charges \$40.00 for returned checks. 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 to your pet.

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

Client/Owner Signature

Date

Client/Owner Name (Please Print)

* Subject to credit approval