

# Community Animal Hospital

269 Titusville Road  
Poughkeepsie, NY 12603  
(845) 471-7459

Visit our website [www.community-animalhospital.com](http://www.community-animalhospital.com)

Like us on



## CLIENT INFORMATION

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home /Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact? Home/Cell/Work: \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date Of Birth/Age: \_\_\_\_\_ Sex: M F Spayed Neutered

Does your pet have previous medical records from another veterinarian? Yes No

Name of Veterinarian or Hospital: \_\_\_\_\_

What medications or supplements is your pet receiving? \_\_\_\_\_

What previous medical condition does your pet have? \_\_\_\_\_

What flea, tick heartworm preventive is your pet receiving? \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US

Internet Drive By Phone Book Other: \_\_\_\_\_

Personal Referral: Who may we thank: \_\_\_\_\_

## SOCIAL MEDIA

Within the context of promoting our business and pet health, we would like to use images, videos and/or information about your pet. Do you wish your pet to participate on our social media sites? Yes No

## PAYMENT POLICY

We accept cash, checks(with photo ID), MasterCard/VISA(with photo ID) and Care Credit. Payment is expected when services are rendered. We will gladly prepare you a written estimate of services prior to the treatment of your.

I realize and understand that I am financially responsible for the care and treatment of my pet(s). I further agree that in the case of non-payment, a finance charge or interest fees and collections fees will apply.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_