



West Village Veterinary Hospital
75 8th Avenue
New York, NY 10014
212-633-7400
212-807-1587 (FAX)
www.westvillagevets.com

Tribeca Soho Animal Hospital
5 Lispenard Street
New York, NY 10013
212-925-6100
212-925-1676 (FAX)
www.tribecavets.com

Battery Park Veterinary Hospital
21 South End Avenue
New York, NY 10280
212-786-4444
212-786-4040 (FAX)
www.batteryparkvets.com

New Client Patient Information Form
-Downtown Veterinary Medical Hospitals, PLLC-

[We do not share, sell, lend, or divulge this information to any third parties other than as required; please view our Privacy Policy on our website www.dvmhospitals.com or ask for a copy from the front desk.]

PET-OWNER INFORMATION:

Primary Contact: Ms Mrs Mr Dr First Name: Last Name:

Second Contact: Ms Mrs Mr Dr First Name: Last Name:

Primary Contact Street Address: Apt #

City: (New York City) or State: Zip Code:

Being able to reach pet-owners quickly is important and often difficult; please provide the following contact information

What is the best number where we could reach you quickly? Cell? Home? Work? Who?

What is second best number? Cell? Home? Work? Who?

What is a third best number? Cell? Home? Work? Who?

Email (Please print clearly): @

[We do not market any products by email; we may send reminders by email or important info related to health, hospital staff changes, etc]

I found out about your Hospital from: friend/client another vet Dr website yellow pages walked by Other

PATIENT INFORMATION:

Name: Feline Canine Other

Breed: Female Male Spayed/Neutered?

Date of Birth is known: Estimated as: Unknown

Patient Color & Markings:

Does your Pet have a microchip? YES NO Do you know the number?

Do you have Pet Health Insurance? YES NO Do you anticipate any foreign travel with your pet? YES NO

FINANCIAL POLICY SUMMARY: We do not bill for services. Payment is due in full at the time that services are performed. We cannot release hospitalized pets from the hospital, or release medications dispensed until the final bill for hospitalization or the current patient visit has been paid. We accept CASH, VISA, MASTERCARD, and AMEX payments. We accept personal checks if they can be guaranteed by Certegy Check Guarantee Service. There is a \$20 fee on returned checks. We promote the use of Pet Health Insurance (PHI) and are happy to keep, file, prepare, and send pre-signed claim forms in order to expedite your prompt reimbursement. Any information that we collect is private and for our use only. We do not extend credit. All open invoices are sent to collection after 30 days.

I would like for the Hospital to keep the following credit card information on file to use as needed in the care of my pet. (Other than being convenient, this is useful when your pet is presented by a dog-walker, pet-sitter, or alternate care-giver.)

VISA M/C AMEX Card #: Exp Date: 3-digit Code:

Billing Zip Code:

I have read, understand, and agree to the Financial Policy. I authorize the use of my credit card if I have completed that information: Signature: