

Client Registration

PLEASE PRINT CLEARLY



Owner Information

MR. MRS. MS. DR. Last Name: _____ First Name: _____
 MR. MRS. MS. DR. Last Name: _____ First Name: _____
Address: _____ Apt #: _____ City: _____ State: _____ ZIP: _____
Telephone/Home: _____ Cell: _____ Emergency: _____
E-Mail Address: _____ (used only for patient communications - not for solicitation)
Employer: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Driver's License #: _____ State: _____ Social Security #: _____
Pet Insurance Company: _____ Policy #: _____

Authorized Agent if Owner NOT Present

Last Name: _____ First Name: _____
Address: _____ Apt #: _____ City: _____ State: _____ ZIP: _____
Telephone/Home: _____ Cell: _____ Emergency: _____
Employer: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Driver's License #: _____ State: _____ Social Security #: _____

Patient Information

Patient Name: _____ Breed: _____ Color: _____ Weight: _____
 Dog Cat Male Female Neutered: Yes No Date of Birth: _____
If other than a dog or cat, list type of animal: _____

Referral Information

Name of Pet's Veterinarian and/or Hospital: _____
Address and/or Phone No. (If known): _____

Please initial below, next to your choice:

_____ I hereby authorize release of my pet's medical records to my veterinarian listed above.
_____ I do NOT authorize release of my pet's medical records to my veterinarian.
_____ I authorize release of my pet's medical records to _____

Consent and Authorization

I hereby represent that I am over the age of 18 and authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid when the services are rendered and that a deposit will be required for treatment. Due to the nature of medical services, I understand that once a service is performed, the fee for that service is non-refundable.

Service Charge

In the event that this account is placed with an attorney or a collection agency because of an unpaid balance remaining on my pet's account, I hereby agree and promise to pay interest of 1.5% per month of the outstanding balance to be calculated starting from my pet's last date of service. In addition, I also agree and promise to pay a collection fee of \$100 or 33% of the total balance due, whichever is greater, upon placement with an attorney or collection agency because of an unpaid balance remaining on my pet's account. In the case of a returned check, I acknowledge that there will be a fee of \$35 imposed by and payable to GSVS.



Signature of owner or authorized agent

Date



Greater Staten Island Veterinary Services

3135 Victory Boulevard | Staten Island, NY 10314 | Tel: 917.830.1380 | Fax: 917.830.1390 | gsivetservices.org