

# Central Animal Hospital

www.bestvets.net

The Staff at Central Animal Hospital welcomes you and your pet.

Fax us your completed form to: 914-723-8707, or bring it with you to your appointment.

## Client Information:

Preferred Doctor: \_\_\_\_\_

Name (Dr., Mrs., Mr., Ms.) \_\_\_\_\_

First

Last

Address \_\_\_\_\_

Street

City

Zip

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Work Phone # \_\_\_\_\_

Fax Phone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Referred By: \_\_\_\_\_

## Patient Information:

Name \_\_\_\_\_ Sex: (check one)  Female  Male  
 Female/Spayed  Male/Neutered

Birth day: \_\_\_\_\_ Allergies? \_\_\_\_\_

Species:  Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Dates of Last Vaccines/Tests:

Dog: Rabies \_\_\_\_\_ Distemper/Parvovirus \_\_\_\_\_ Heartworm Test \_\_\_\_\_ Fecal Test \_\_\_\_\_  
Corona \_\_\_\_\_ Bordetella \_\_\_\_\_ Lyme \_\_\_\_\_ Leptosporosis \_\_\_\_\_

Cat: Rabies \_\_\_\_\_ Distemper (FVRCP) \_\_\_\_\_ Leukemia \_\_\_\_\_ Fecal Test \_\_\_\_\_

Does your cat go outside? \_\_\_\_\_ What do you feed your pet? \_\_\_\_\_

Please list your pet's current medication(s): \_\_\_\_\_

Has your pet had any surgeries or dentistry? (Please list dates) \_\_\_\_\_

What other pets do you have at home? \_\_\_\_\_

**Authorized Persons for pet's treatment decisions:** (Please name all that apply)

Spouse/Partner: \_\_\_\_\_ Pet Sitter/Groomer: \_\_\_\_\_

Housekeeper: \_\_\_\_\_ Children over 18 years old: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment for services are due at time of visit.**

For your convenience, we accept cash, checks, visa, mastercard, discover, and amex.  
Any unpaid balances are subject to a 1 ½% monthly interest fee plus collection charges.