



Multi-Specialty Referral & Emergency Hospital

3250 Veterans Highway • Bohemia • New York • 11716 • 631-285-7780 • fax: 631-285-7781

Welcome to Atlantic Coast Veterinary Specialists and Thank You for coming in today!

CLIENT/PATIENT INFORMATION FORM

We aim to help you and your pet in the best possible manner. Please take a few moments to fill out our "Client and Patient Information Form" so we can be of better assistance to you and this information can be entered into your pet's patient file.

1. YOUR PERSONAL INFORMATION

Your Name: (OWNER) First MI Last

Address: # Street City State Zip Code

Social Security #: - -

E-Mail:

Phone: Home: () - Work: () - Cell: () -

Best Time to reach you: AM/PM Work: AM/PM

Other Contact person*:

Please check off: First MI Last () Spouse, Significant Other () Other (Family Member, Friend)

Phone: Home: () - Work: () -

- *Please note: If you feel language interpretation in English will be difficult for you, please designate one person (family member or friend) to help you in communications with our staff.

2. REFERRAL INFORMATION

Were you referred to us by your veterinarian? Yes No

If you answered yes, please give us your regular veterinarians name and name of his or her animal hospital.

Dr. at Veterinarian's Name Name of the Animal Hospital

Which one of our Doctors is your pet here to see? Dr. Don't know

If you were not referred to us, please tell us how you heard about us.

- Friend/ Family Advertising Internet Search My vet's answering machine Driving by Other: Yellow Pages



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3. YOUR PET'S INFORMATION

Your Pet's Name: _____

Your Pet's D.O.B./Age: / / OR _____ years old.
MM DD YY

Species: Dog Cat Other Breed: _____

Sex: Male Female Spayed/Neutered? Yes No

What **problem/s** is your pet currently suffering from?

Has your pet ever been hospitalized due to illness before? If yes, please tell us the cause.

Does your pet have any **other chronic illness or problems** besides the problem that is the reason for today's visit?

() No

() Yes, _____

Is your pet currently or occasionally taking medication?

() No

() Yes, _____

Do you know the dose? _____

To your knowledge, is your pet **up to date** with **vaccinations**? () Yes () No () Not sure

Is your pet taking **heart worm prevention** regularly? () Yes () No () Not sure

Do you use **flea and tick prevention** on your pet regularly? () Yes () No () Not sure

What is your pet's **regular diet**? Can Dry Table Food Prescription
(Please check all that apply)

Brand: _____



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4. Our Policy of Care and Payment

Providing high quality care is the goal of our practice. If your pet needs to be hospitalized you will receive a written estimate with an approximation of charges. Payment is due at the time of treatment. We accept cash, check and major credit cards.

We also have a flexible payment plan called **CareCredit®**, which allows you to start treatment today and spread payments over time. Applying for CareCredit only takes a few minutes and there is no fee to apply. Please ask our receptionist for more information about our **Interest Free** option or our **Extended Payment Plan**.

In order to make check-out more efficient, we ask you kindly to give us information on how you will be paying for today's visit.

Cash Check I would like to apply for CareCredit
 (a valid photo ID is required)

Credit Card: AmEx Discover Master Card VISA

Name: _____

Acct #: _____

Exp. Date: _____

If you are paying by check, please take note of the following:

- What is **TeleCheck Electronic Check Acceptance Service**?: This service converts a paper check into an electronic item to allow the check to be deposited electronically. It is safe and secure for both the merchant and the check writer.
- Will my check be returned with my bank statement? No. You will receive your check, stamped "VOID", at the point of sale. Your check has become an electronic item and will appear on your bank statement with any other electronic transactions.
- How will a TeleCheck ECA transaction appear on my bank statement? Your transaction will appear on your bank statement in the same area as other electronic transactions. It will include the date the check cleared, the check number, the amount, and the place where the check was presented.
- Is the amount of the check instantly deducted from my account? No. Just like a paper check, TeleCheck ECA transactions are deducted from your account usually within two business days.

I understand that I am responsible for service fees incurred during today's office visit and/or service fees incurred during hospitalization at Atlantic Coast Veterinary Specialists. If I choose to seek further treatment at another veterinary hospital I am still responsible for the service fees of this visit. I also understand that I will receive a written estimate should it become necessary to hospitalize my pet.

I understand that all fees for services provided are to be paid in full at the time of my pet's release. At the time of the patient's hospital admission 100% of the low end of the estimate is due for all hospitalized cases.

Signature of Pet-Owner: _____ Date: _____
or responsible party