



Multi-Specialty Referral & Emergency Hospital

3250 Veterans Highway • Bohemia, New York 11716 • (631) 285-7780 • Fax (631) 285-7781 • www.AtlanticCoastVet.com

Client-Patient Information

Our goal is to help you and your pet in the best possible manner. Please take a few moments to fill out this form so that we can be of better assistance to you. This information will be entered into your pet's patient file.

Client Information

Name: _____
(First) (MI) (Last)

Street Address: _____ City: _____

State: _____ Zip code: _____ E-mail: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

*Additional Contact: _____ Phone: (____) _____
Spouse Significant other Family Member Friend

Veterinarian Information

Doctor's Name: _____ Clinic Name: _____

If you are being referred by your regular Veterinarian, Which one of our Doctors and/or Specialties are you here to see?

If you are here on Emergency, or have not been referred by your Veterinarian, how did you hear of us? (Check one)
Family/Friend Internet Search Driving by Yellow Page Advertising Vet's answering machine

Patient Information

Pet's Name: _____ Dog Cat Other: _____ Current weight: _____ lbs

Breed: _____ Date of Birth: _____

Male Female Intact Neutered/Spayed Color/Markings: _____

What problem(s) is your pet currently suffering from? _____



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Does your pet have a history of chronic illness? If yes, please list conditions and previous hospitalizations:

Is your pet currently on any medications? If so, please list names and dosages. _____

To your knowledge, is your pet up to date with vaccinations? Yes No Unsure

Is your pet regularly taking heartworm preventative? Yes No Unsure

Is your pet regularly being given flea and tick preventative? Yes No Unsure

What is your pet's regular diet? Canned Dry Table Food Prescription

Brand: _____

May we post pictures of your pet on our Facebook page? Yes: No: Initials: _____

Our Policy of Care and Payment

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

We also offer a flexible payment plan called CareCredit®, which allows you to start treatment right away and spread payments out over a period of 6 months. Applying for CareCredit® only takes a few minutes and there is no application fee. Please inquire at the front desk for more information about this interest free payment option.

In order to make check out more efficient, we kindly ask that you inform us of the method of payment you intend to use:

- Cash
- Check (a valid photo ID is required)
- CareCredit®
- American Express
- Visa
- Mastercard
- Discover

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 the service fees incurred during today's office visit and/or 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 admittance for hospitalization, 100% of the low end of the estimate is due for all hospitalized cases.

Signature of Pet Owner: _____ Date: _____
(Or responsible party)