



Greenpoint Veterinary Hospital

New Client Registration

OWNER'S NAME* First Name: _____ Last Name: _____

***Owner is defined as the primary caretaker, and the primary person responsible for making decisions on the treatment of the pet.**

Address _____ Apt: _____ City/State: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

E-Mail: _____ **Is email your preferred communication method?** YES NO

We now use text messaging to remind you of your pet's appointments. If you do **NOT** want to receive text messages, please check here

How did you hear about us? google yelp newyorkshitty.com greenpointers.com Walking by Referred by: _____

Alternate Owner/Emergency Contact: **this person may make decisions about your pet's treatment if you cannot be reached

Name: _____ Relation: _____ Contact Phone# _____

New Patient Registration

Patient Name: _____ Species: **DOG** or **CAT** Gender: **MALE** or **FEMALE**

Spayed/Neutered: **YES** or **NO** Breed: _____ Coat Color: _____

Age or DOB: _____ Is your pet aggressive towards people or other animals? _____

Pre- Existing Condition(s): _____

Is your pet on any medication? Please list medications and dosages _____

Has your pet ever had an allergic reaction? If so when/to what? _____

Is your pet currently on (**circle**) **Heartworm** or **Flea** preventative? Do you need a supply today? _____

Welcome to Greenpoint Veterinary Hospital! We promise to care for your pet as we would our own. During your pet's visit(s), our veterinarian(s) will perform a complete physical examination and recommend diagnostic testing and treatments based on your pet's individual health needs. Wellness care treatments and labwork (such as vaccinations and annual intestinal parasite screens and senior blood screens) are recommended to keep your pet's health as optimal as possible. If your pet is having any illness or health problems, we will recommend testing to help us reach a diagnosis and guide our recommendations on treatment for your pet. We will always provide you with an itemized treatment plan, including associated costs, prior to proceeding with any treatments or diagnostic testing on your pet (unless your pet is in extreme crisis).

Please select your method of payment : Cash Visa Mastercard Discover Care Credit

We do not accept checks or American Express. Payment is due at the time services are rendered. Please notify us if you are not the owner of this pet.

Signature

Print Name

Date