



114-10 Beach Channel Drive  
 Rockaway Park, N.Y. 11694  
 (718) 474-0500



Client # \_\_\_\_\_

**REGISTRATION FORM**

This hospital is a medical-surgical veterinary facility. We have anesthetic, surgical, X-ray, electrocardiograph and laboratory facilities available. We ascribe to the policies of the American Animal Hospital Association. Our purpose is to care for your pet with the best and most modern veterinary medical service available.

**Please print**

Email address \_\_\_\_\_

Owners Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Tel # \_\_\_\_\_

Referred By \_\_\_\_\_

Pet's Name \_\_\_\_\_ Cat/Dog \_\_\_\_\_ Breed \_\_\_\_\_

Date of Birth \_\_\_\_\_ Color \_\_\_\_\_ Male/Female \_\_\_\_\_

Spay/Neuter (Y/N) \_\_\_\_\_

Vaccination Record - must be accompanied by written proof

Dogs Rabies - Date \_\_\_\_\_ Distemper 5 in 1 - Date \_\_\_\_\_

Leptosporosis - Date \_\_\_\_\_ Lyme - Date \_\_\_\_\_

Bordetella (Kennel Cough) Date \_\_\_\_\_ Heartworm Test -Date \_\_\_\_\_

Cats Distemper (Panleuk) 3 in 1 -Date \_\_\_\_\_ Leukemia - Date \_\_\_\_\_

Rabies - Date \_\_\_\_\_

Medications Animal is currently taking including condition and dosage

\_\_\_\_\_

Known drug allergies \_\_\_\_\_

Pet is currently on Heartworm Preventative (Y/N) \_\_\_\_\_

Pet is currently on Flea Preventative (Y/N) \_\_\_\_\_

Pet is currently being fed \_\_\_\_\_

Payment is expected to be made in full at time of services. We accept Cash, Check (with Valid ID), Visa, MasterCard, American Express, Discover and Care Credit.

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