

Welcome to Regó Park & Forest Hills Animal Clinic

CLIENT INFORMATION (INFORMACION DE CLIENTE)

Last name (Apellido): _____ First name (Nombre): _____

Address (Dirección): _____ apt# _____

City (Ciudad): _____ State (Estado): _____ Zip code (Código postal): _____

Home phone: _____ Cell phone: _____

Email: _____ How did you hear about us? _____

PET INFORMATION (INFORMACION DE MASCOTA)

	Pet (Mascota) #1	Pet (Mascota) #2	Pet (Mascota) #3
Name of pet (Nombre de mascota)			
Breed (Raza de mascota)			
Color			
Approximate age (Edad aproximada)			
Gender, spayed/neutered Genero, castrado o esterilizada			
Cautions (Precauciones)			
Special Instructions (Instrucciones especiales)			

Reason for appointment: _____

Method of Payment (Forma de pago):

- Debit/Credit Card (de débito o de crédito tarjeta)
- Cash (Efectivo)

I understand that the exam is \$65, everything else costs extra. For surgeries, there will be a down payment. I understand that if I do not pay, my account will be subject to cost of collection, attorney fees, including interest (any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1,5-18% per annum).the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by my agents or me. I understand that I am financially responsible for all services provided.

I agree not to disparage or defame (any negative statements, reviews, or comments, written, oral, or via electronic communication) the Rego Park/Forest Hills Veterinary⁷ Clinic.

Signature(Firma)

Date(Fecha)