

HUDSON HIGHLANDS VETERINARY MEDICAL GROUP, PC

New Client / Patient Registration

Owner's Full Name: _____

Other Responsible Parties: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Employer: _____

Business Phone #: _____ Emergency Phone #: _____

By providing your email address you gain access to a pet portal that will allow you to see vaccination due dates, request appointments, receive seasonal newsletters and important news from Hudson Highlands. Please print clearly.

Email Address: _____

Pet Information

Pet Name: _____

DOG CAT / MALE FEMALE

Breed of Pet: _____

Date of Birth: _____ Spayed or Neutered: YES NO

Color/Markings: _____ Current Weight: _____

Medical History (if known): _____

Hudson Highlands would love the opportunity to share your pets' picture to our social media sites, please initial here _____ giving us permission.

How did you hear about our practice?

___ Internet Search ___ Facebook ___ Website ___ Other _____

___ Friend or Relative, if so, their name: _____

___ Veterinary Referral, if so, their name: Dr. _____

I, the undersigned, understand and agree that a finance charge will be applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.75% per month, which is the annual percentage rate of 25%. I am also aware that if this account should become delinquent, the same shall be responsible for the collection agencies fees. A \$15 fee will be charged for each returned check.

Signed: _____ Date: _____