



**Thank you for choosing Finger Lakes Animal Hospital! We appreciate the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.**

Your Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about us (circle one)? Internet Facebook Sign/Drive-By Yellow Pages

Referral- Who may we thank for referring you? \_\_\_\_\_

Tell Us About Your Pet(s)						
Name	Species	Breed	Color	Sex	Spay/Neut	Age

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize Finger Lakes Animal Hospital to receive, prescribe, treat or perform surgery upon the pet(s) listed above and additional pets I present. I agree to pay fees for services rendered at the time they are performed and to pay the costs of collection in the event that collection efforts become necessary. I understand that a service fee will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I also understand that in order for Finger Lakes Animal Hospital to provide the best care for my pet(s) that it is important that there is mutual respect and trust between doctors, staff, and clients. We ask that as a client you maintain a respectful demeanor when communicating your needs and concerns to our staff. Any verbal abuse will not be accepted and may be grounds for dismissal from the practice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Over



I give permission for my pet's name and photo to be published for public viewing. \_\_\_\_\_

Other authorized caretakers? \_\_\_\_\_

Would you like to receive paperless reminders via email? \_\_\_\_\_