



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.

SIGNATURE _____ **DATE** _____

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? _____