

Katonah Bedford Veterinary Center

546 North Bedford Road Bedford Hills, NY 10507 • Phone: (914) 241-7700 • Fax: (914) 241-7708 • www.kbvetcenter.com

CLIENT INFORMATION

Please circle your response where there are multiple choices

Pet Owner's Full Name: Mr. Ms. Mrs. _____

Spouse/Partner: Mr. Ms. Mrs. _____

Address: _____ City & State: _____ Zip: _____

Home Phone: (____) _____ Cellular: (____) _____ E-Mail: _____

Fax: (____) _____ Employer: _____ Work Phone: (____) _____

Additional Phone: (____) _____ Spouses Work: (____) _____

Preferred Payment Method: **Cash** **Check** **Master Card/Visa** **American Express** **Discover** **Care Credit**

Driver's License: No. _____ State _____ Exp. _____ D.O.B.: _____

Credit Card #: _____ Exp. Date: _____

Please indicate how you heard about us? (check all that apply)

- Referred by Veterinarian (who?): _____
- Saw Sign Yellow Pages Brochure Prior Visit
- Friend/Current Client (who? So we may thank them): _____
- Magazine/Newspaper Article (which paper?): _____
- Other: _____

Name of veterinarian and hospital where records should be faxed: _____

PATIENT INFORMATION

Please circle your response where there are multiple choices

Pet's Name: _____ **Dog** **Cat** **Other:** _____ **Breed:** _____ **Color:** _____

Date of Birth (or Approx. Age): _____ Sex: **M** **F** Neutered: **Yes** **No**

How long have you owned your pet? _____ Are there any known medical conditions/allergies? _____

When was this pet's last rabies vaccination? _____ Is your pet on any medications currently? _____

Please describe your pet's diet: **Canned** **Dry** **Other:** _____ Brand: _____

If we are not your pet's primary care veterinarian, who is? _____

When did they last see your pet? _____ For what reason? _____

Why are you bringing your pet in today? _____

Payment in full is required at the time that services are rendered on non-hospitalized patients.

If your pet needs to be hospitalized, an estimate for cost of services will be provided, and 50% of the high end of the estimate will be required as deposit at that time.

Further deposits may be required during the course of hospitalization.

All fees must be paid in full when your pet leaves the hospital.

I am the owner or authorized agent for the owner of the animal being presented. I authorize the Katonah Bedford Veterinary Center to examine and render immediate life saving treatment if necessary. I understand that no guarantee is made regarding the outcome of any diagnostics or treatment performed. I understand that I have the right to decline any of the diagnostics or treatment recommended by the attending veterinarian. I understand that I am making an informed financial commitment for the care of my pet and agree to assume full financial responsibility for all fees incurred by treatment, regardless of the outcome. I understand that if I default on payment, that I agree to pay all fees associated with collection of the debt. I understand that there is a monthly billing fee of 1.5% or \$25.00 whichever is greater.

Client Number Assigned: _____

Owner/Agent Signature

Employee Initials

Date