



Welcome to Williston Park Animal Hospital! To insure the best care possible, please take the time to fill in this form completely. Thank you!

Registration

Primary Owner _____ Date: _____
Address: _____ City _____ State: _____ Zip _____
Cell Phone / Primary Number: _____ Home Phone: _____ Work Phone: _____
Email*: _____ *We will email you apt reminders. Your information will NOT be shared
Spouse /Partner: _____ Spouse /Partner Cell Phone: _____ Work Phone: _____
Emergency Contact Name: _____ Phone: _____
How Did You Hear About Us? Newspaper Hospital Sign/Drove By Website Other (specify): _____
If recommended, who can we thank? _____

Pet Health History

Name of pet _____ Dog Cat Other _____
Breed _____ Color _____ Age/ Birthdate _____
 Male Female, Spayed/Neutered: Yes No Number of pets: Dogs _____ Cats _____ Other(specify) _____
Does your pet have allergies: Yes No Has your pet ever had a reaction to vaccines or medications: Yes No
If yes what? _____
List any major surgeries your pet has had: _____
List your Pet's Current Medications: _____
Describe your pet's Diet & any Treats given _____
List any behavior problems we need to be aware of: _____
Please check any symptoms or problems that you have noticed about your pet: Increased Thirst/Urination Lack of Appetite
 Sneezing Shaking Head Limping Breathing Problems Coughing Gagging Vomiting Diarrhea Scooting
 Weakness Scratching Loss of Balance Seems Depressed Other _____
Reason for visit today: _____
How much information would you like to be given about your pet's health: I want a full explanation - anything & everything.
 I want a brief explanation – just the important stuff. I just want to know if there's anything I need to do-keep it simple.
Are you interested in Acupuncture, Holistic Medicine or Herbal Medicine for your pet? Yes I prefer it Not Sure No
Do you have insurance for your pet? Yes No If yes, which one? _____ If No, would you like more information on how pet insurance can help with the costs of your pet's health care? Yes No Other: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe, or treat the above pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. Please note a service charge of 1.5% per month will be assessed on any amount more than 30 days past due.

Signature of Owner _____ Date _____
Method of Payment: Cash Check Mastercard Visa American Express Other _____