



Welcome to Setauket Animal Hospital!

Please take a moment to fill out this sheet and bring it with you to your pet's scheduled appointment.

If you prefer to send it to us via e-mail, please send it to:

info@setauketanimalhospital.com

Please bring all available medical records with you to your pet's appointment. If you would like our front-staff to contact your previous veterinarian's office to obtain records, please make that request as soon as possible.

**Owner/Guardian:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Spouse/Partner Phone: \_\_\_\_\_

Email (used for monthly reminders): \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_  Canine  Feline  Other

D.O.B./Estimated Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? Yes / No

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ *(If you do not have insurance, you must pay the entirety of your bill at time of check-out.)*

Does your pet have any allergies? \_\_\_\_\_

How were you referred to our practice? \_\_\_\_\_

Are you comfortable having your pet's photograph posted on our Facebook/Instagram? Yes / No

I authorize Setauket Animal Hospital to charge my credit card when services are rendered. Payment is expected at time of service. Should the service of a collection agency be required, the client assumes all associated costs. **WE DO NOT ACCEPT PAYMENT IN THE FORM OF CHECKS.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_