

# **S.P.E.A.K. Animal Hospital, P.C.**

**351 Flint Rd.  
Binghamton, NY 13905  
(607) 729-7368**

## **CLIENT / PATIENT INFORMATION**

**Date:**

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Species:**

**Sex:**

**Pet's Name:**

**Birthday:**

**Age:**

**Breed:**

**Color:**

**Vaccination Dates:** Distemper: \_\_\_\_\_ Rabies: \_\_\_\_\_ Bordetella: \_\_\_\_\_

**How did you hear about SPEAK?**

Radio  Television  Internet  Word of Mouth

### **PET OWNER'S AGREEMENT:**

I am establishing my pet as a patient under the care of the SPEAK Animal Hospital. I understand the risk involved with anesthesia should my pet need surgery, and I consent to having my pet receive any necessary treatment and/or medications prescribed by the attending veterinarian at the SPEAK Animal Hospital. I also authorize SPEAK Animal Hospital to release referral/vaccination information as needed for my pet.

Payment is expected at the time services are rendered. Balances remaining unpaid for over 30 days will incur 2.0% per month finance fee. Returned checks will be charged forty dollars (\$40). Missed appointments without 24 hours notice of cancellation may be subject to a minimum fee of thirty-eight dollars (\$38).

**I HAVE READ AND ACCEPT THE TERMS OF THE ABOVE STATEMENTS**

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