

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