



**Rye
Harrison
Veterinary
Hospital**

Gary Yarnell, DVM, Director
170 North Street, Rye New York 10580

Client Information Sheet

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a moment to complete both sides of this information sheet.

Date _____

Owners Name: _____ Spouse/other _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-Mail Address: _____

Employer's Name & Address _____

In case of EMERGENCY, please call _____ at telephone number _____

How Did You Hear About Us? (Circle one)

Yellow Pages/ Hospital Sign/ Internet/ Individual (someone we may thank?) _____

Payment: We accept cash, checks, and MC/Visa/Discover cards and CareCredit for your convenience. We are in compliance with the "Red Flags" Rule passed by the FTC to insure your identity and privacy are secure.

If you would like to leave your credit card on file as a convenience for future use, please initial this box, and inform the receptionist.

I understand that I may receive a written fee estimate if I request one and that a final fee will be based on actual services rendered. I agree to pay the full amount due at the time services are rendered or my pet is released from the hospital.

Signature of Owner or Authorized Agent

Patient Information Sheet (Please complete all information for each pet)

	PET #1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Description			
Age (years)			
Date of Birth			
Sex			
Length of time owned			
Altered or Spayed			
Diet (brand of pet food)			
VACCINATIONS/Date Given			
DHPP (distemper-dogs)			
Parvovirus (dog)			
Bordetella (dog)			
Lyme (dog)			
FVRCP (infectious diseases-cat)			
Rabies (dog/cat)			
Feline Leukemia (cat)			
Other Vaccines			
Heartworm test/Date			
Heartworm Prevention/Date			
Feline Leukemia/Aids Test/ Date/Neg/Pos			
Fecal Exam (worms-dog/cat)/Date			
Dentistry/Date			
Prior Illness / Give details below			
Prior Surgery/ Give details below			