

WEST HILLS
ANIMAL HOSPITAL
800 W. Jericho Turnpike,
Huntington, NY 11743
631-351-6116

COURT SQUARE
ANIMAL HOSPITAL
42-34 Crescent Street,
Long Island City, NY 11101
718-577-4701

LOCUST VALLEY
VETERIANRY CLINIC
280 Forest Ave.
Locust Valley, NY 11560
516-676-6161

OYSTER BAY
ANIMAL HOSPITAL
64 Pine Hollow Road,
Oyster Bay, NY 11771
516-624-7387

PAYMENT IS REQUIRED IN FULL AT THE TIME SERVICES ARE RENDERED. ACCEPTABLE FORMS OF PAYMENT ARE CASH, AMEX, VISA/MASTERCARD, DISCOVER AND WELL FARGO (CHECKS WILL NOT BE ACCEPTED).

Owner's Name: _____ (Primary Owner Only)

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Please Send Me Email Reminders/Information _____

Place of Employment: _____

Driver's License Number: _____ State: _____ D.O.B. _____

Health Care Proxy: I, _____ authorize the following individuals as health care proxy for my pet(s) listed on my account at West Hills Animal Hospital & Emergency Center. These individuals are authorized by me to make decisions regarding Examinations, Vaccinations, Treatment Plans, Boarding and Routine Procedures, although I remain the *only individual*, as owner, capable of authorizing the humane euthanasia of any pets listed on my account. I understand that I remain ultimately financially responsible for the payment of all balances at the time of services rendered. (Please list in order to be contacted in case of emergency) MUST BE 18 YEARS OR OLDER

1. _____ Cell Phone: _____ Relation to Owner: _____
2. _____ Cell Phone: _____ Relation to Owner: _____

How Did You Hear About Us?

Puppy Store/Breeder: _____ Professional/ Personal Referral: _____

Internet Site: _____ Internet Search Engine: _____

Is there another Veterinarian you wish us to update about your visit? YES NO

Name of Veterinarian & Hospital: _____

Pet's Name: _____ Species (Circle): Cat/ Dog/ Bird/ Small Animal (Specify) _____

Breed: _____ Age: _____ Date of Birth: _____

Color: _____ Sex: _____ Spayed/Neutered: _____

Other Pets: _____

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. **I understand that a deposit of an estimates low end will be required for surgery, hospital, or medical procedures, and that payment in full is required at the time of release, or as services are rendered. Should a portion of my pet's care be covered, through a prior agreement, by any third party, I also understand that I am responsible for any remaining fees.** I understand that I can receive a written fee estimate if I request one. Should the Hospital have to institute collection proceedings to recover any amount owed by me that includes balance due, interest and billing fee's, I agree to pay all costs of such collection proceedings, including any legal fees incurred. Should you carry an insurance policy on this pet, your insurance policy is between you and your insurance carrier not your insurance carrier and West Hills Animal Hospital & Emergency Center. Balances overdue will incur interest and billing charges.

Signature of Owner: _____ Date: _____