Hudson Veterinary Hospital Pet Resort & Spa
176 N. Highland Ave.
Ossining, NY, 10562

Client Information

First Name

Last Name

Street Address

City

State

Zipcode

Home Phone Number

Cell Phone Number

Work Phone Number

Date of Birth*

E-Mail Address

Pet Information

Name: _____ Birthdate: _____

□ Dog □ Cat □ Other: _____ □ Male □ Female □ Neutered □ Spayed

Breed: _____ Color: _____

Name: _____ Birthdate: _____

□ Dog □ Cat □ Other: _____ □ Male □ Female □ Neutered □ Spayed

Breed: _____ Color: _____

Please specify the hospital where your pet was vaccinated. Your signature constitutes permission to release medical history:

_____
_____
How did you find out about Hudson Veterinary Hospital Resort & Spa?

□ Sign/location □ Community Phonebook □ Internet
□ Advertisement/Coupon □ Yellow Pages □ Rescue
Group:_____
□ Personal Recommendation: Name
_____

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NO medical staff is on duty from

6:00pm Monday to 7:00am Tuesday
6:00pm Tuesday to 7:00am Wednesday
6:00pm Wednesday to 7:00am Thursday
6:00pm Thursday to 7:00am Friday
6:00pm Friday to 8:00am Saturday
1:00 pm Saturday to 7:00 am Monday.
NO medical staff is on duty on Holidays

I understand there is an emergency clinic open during those hours when the Hospital is closed and that, if needed, I will make the necessary arrangements to have my pet transferred.

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Signature:_____ Date: _____

Financial Responsibility Agreement

To the best of my knowledge, the information provided to this office is complete and accurate. I acknowledge that **ALL** charges incurred in this office are my responsibility. I agree to be responsible and to pay for all services performed by this office. I understand that if my account

remains unpaid by me for a period of 30 days, it may be referred to an attorney for collection, and that I further agree to be responsible and pay for all costs incurred, including 35% attorney's fees (minimum of $75.00) and interest at 1.5% per month (18% per annum).

I have read this form in its entirety and I am aware of the staffing hours, listed above.

Signature:_____ Date: _____