

Hawkins Animal Hospital and Wellness Center

354 Hawkins Ave – Ronkonkoma, NY 11779

Phone: 631-981-8111

New Client Form:

Client Name: _____

Address: _____ City: _____, State: _____, Zip _____

Client Phone Number: _____ Secondary Number: _____

Pet Name: _____ Type _____ Breed _____ Age _____ Color _____ Sex _____

Circle one: Spayed/Neutered/Intact Previous Animal Hospital (for records): _____

Note: Additional pets will need separate forms

Cardholder Information

First: _____ Last: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Credit Card Information Visa Mastercard Discover WellsFargo Debit

Number: _____ Expiration Date: _____

CVV (last 3 digits located on the back of the credit card): _____

I authorize Hawkins Animal Hospital & Wellness Center to charge the credit card provided if I am not present (verbally over phone) and charge \$78.00 for prepaid first exam. I understand that the amount charged will be posted to the card upon receipt of this authorization and is based on related services requested by me & provided by HAHWC. I understand that this authorization will remain in effect until I notify for termination of this authorization, and or cancel the appointment for refund 24 hours before.

Cardholder Signature: _____ Date: _____

Refund Policy: Your signature affirms you understand the return/refund policy of this hospital. You have made a first appointment to become a new client of the hospital. You understand, you have pre-paid your first exam fee and this charge is only refundable if you cancel the appointment made within one business day of the appointment. Please note, you must call and cancel your pre-made appointment 1 full business day before your scheduled appointment to qualify for refund.