# THOUSAND ISLAND ANIMAL HOSPITAL PC

42539 NYS Route 12, Alexandria Bay, NY 13607 - (315) 686-5080

## NEW PATIENT / CLIENT REGISTRATION FORM

Welcome - we look forward to caring for your pet. Please complete this form before your first appointment and bring any vaccination or medical records you have, or ask your previous veterinarian to send them to us. Please print clearly. All fields with an asterisk (*) are required.

### 1 CLIENT INFORMATION

LAST NAME *

FIRST NAME *

DATE

PRIMARY PHONE *

ALTERNATE PHONE

CO-OWNER / SPOUSE NAME

CO-OWNER PHONE

STREET ADDRESS *

CITY *

STATE *

ZIP *

EMAIL ADDRESS *

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

HOW DID YOU HEAR ABOUT US?

### 2 PET INFORMATION

PET'S NAME *

SPECIES *

☐ Dog ☐ Cat

BREED *

COLOR / MARKINGS

MICROCHIP NUMBER

SEX *

☐ Male ☐ Female ☐ Spayed / Neutered ☐ Intact

DATE OF BIRTH / AGE *

WEIGHT

CURRENT FOOD / DIET (BRAND AND AMOUNT)

REASON FOR TODAY'S VISIT

### 3 MEDICAL HISTORY

KNOWN ALLERGIES (FOOD, MEDICATION, ENVIRONMENTAL)

CURRENT MEDICATIONS AND SUPPLEMENTS (INCLUDE DOSE)

PAST MEDICAL CONDITIONS, SURGERIES, OR ONGOING CONCERNS

VACCINATIONS UP TO DATE?

☐ Yes ☐ No ☐ Not Sure

FLEA / TICK PREVENTION (PRODUCT AND LAST GIVEN)

HEARTWORM PREVENTION (PRODUCT AND LAST GIVEN)

BEHAVIOR NOTES - NERVOUS, REACTIVE, MUZZLE-TRAINED, HANDLING PREFERENCES, ETC.

## 4 ADDITIONAL PET (IF APPLICABLE)

**PET'S NAME**

**SPECIES**

☐ Dog ☐ Cat

**BREED**

**SEX**

☐ Male ☐ Female ☐ Spayed / Neutered ☐ Intact

**DATE OF BIRTH / AGE**

**WEIGHT**

**COLOR / MARKINGS**

**ALLERGIES, MEDICATIONS, CONDITIONS, OR CONCERNS FOR THIS PET**

Bringing more than two pets? Please complete one additional form for each extra pet, or ask our team and we will be happy to help.

## 5 PREVIOUS VETERINARIAN

**PRACTICE NAME**

**CITY / TOWN**

**PHONE**

Please note: It is the client's responsibility to send us their pet's medical records from the previous veterinarian listed above - it is not the hospital's responsibility to request them. Prior records are required if your pet has any.

## 6 WINTER / SEASONAL VETERINARIAN

Seasonal clients: if you see another veterinarian where you stay in the winter, please write that practice here so we have their information on file. Leave blank if it does not apply to you.

**WINTER PRACTICE NAME**

**PHONE**

**WINTER CITY / TOWN**

**STATE**

**MONTHS YOU ARE TYPICALLY AWAY (E.G. DEC - APR)**

It is the client's responsibility to send us any updated medical records from the winter veterinarian listed above. Please provide us with your pet's updated records after visits with your winter veterinarian, so we can keep your pet's file current. Winter veterinarian records are required to be sent to us before making an appointment with us when you return for the summer.

## 7 AUTHORIZATIONS AND ACKNOWLEDGEMENTS

☐ I certify that the information provided on this form is true and complete to the best of my knowledge, and that I am the owner of the pet(s) listed above or am authorized to make medical and financial decisions for them.

☐ I authorize the veterinarians and staff of Thousand Island Animal Hospital PC to examine my pet and to perform diagnostics and treatment as discussed and agreed with me. I understand that an estimate can be provided before treatment begins on request.

☐ In an emergency, if I cannot be reached, I authorize the hospital to provide emergency stabilizing care for my pet and to contact my emergency contact listed on this form.

☐ I understand that payment is due at the time services are rendered and that I am financially responsible for all charges for my pet's care.

☐ Optional: Thousand Island Animal Hospital PC may photograph my pet and share the photos on the practice's website and social media pages.

☐ **Keeping Your Pet Active & Covered** - According to New York State law, pets must receive a physical examination at least once per year to maintain an active client status. Annual exams allow us to legally prescribe medications, authorize refill requests, and provide continuous care for your pet.

## 8 SIGNATURE

**PRINTED NAME ***

**SIGNATURE ***

**DATE ***

Typing your name in the signature field counts as your electronic signature for this registration. If you print this form instead, please sign by hand.

Thank you for choosing Thousand Island Animal Hospital PC. If any information on this form changes - address, phone, email, or your pet's health - please let our team know so we can keep your records current.