

Midtown Veterinary Hospital

85 University Avenue | Rochester, NY 14605 | Phone (585) 546-1550 | Fax (585) 546-1558

New Client Registration Form

OWNER Name _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Driver's License / ID # (required) State _____ # _____

Home / Work Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

How did you hear about us? Yelp.com Veterinarians.com Localvets.com Angie's List
 Paper Ad Yellow Pages Facebook Website Walk-in / Sign I am a previous client
 Friend / Relative – are they a client? (name) _____ Other _____

Pet's Name 1 _____ Birth Date _____
Type of Animal _____ Breed _____ Male ___ Female ___ Neutered / Spayed? _____
Color / Markings _____
Pet's Name 2 _____ Birth Date _____
Type of Animal _____ Breed _____ Male ___ Female ___ Neutered / Spayed? _____
Color / Markings _____

Is health record available: Yes ___ No ___ Phone # of previous Veterinarian(s) used _____

PAYMENT AGREEMENT:

Payment in full is expected at the time of visit. We accept cash, checks, and all major credit cards.

Credit Card # _____ Exp: _____ Type: _____ V-code: _____

*If for any reason my check does not clear, I agree to authorize Midtown Veterinary Hospital to charge the total amount of the check including a **\$25.00** returned check fee to my credit card and I will be responsible for updating my credit card information as needed. I agree to pay for all services rendered upon release.*

Date: _____ Signature _____