



# PARK HILLS ANIMAL HOSPITAL

2064 Deer Park Ave.  
Deer Park, New York 11729  
631-667-2220



## Information Sheet

Please Print and Complete

DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_  
(Must be 18 years of age or older)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(If you are going to be paying by check today or in the future)

SPOUSE'S NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? (Please circle one)  
Sm Phonebook/ Lg Phonebook/Location/Another Client - name/Other Vet/TV/Internet/Other  
Vet/ Advertisement – Where?

PET'S NAME: \_\_\_\_\_ SPECIES: Cat/ Dog/ Bird/ Reptile/Ferret/  
Rabbit/Hamster/Guinea Pig/Gerbil/Other

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_ SPAYED/NEUTERED: \_\_\_\_\_

Last visit to the Veterinarian was \_\_\_\_\_, my pet was seen by Dr. \_\_\_\_\_  
at \_\_\_\_\_ Animal Hospital.

OTHER PETS: \_\_\_\_\_  
Are they patients of Sachem Animal Hospital or Park Hills Animal Hospital? \_\_\_\_\_

**FEE.** I understand that I can receive a written fee estimate if I request one. I understand that a final fee will be based on actual services rendered, and agree to pay the full amount due at the time services are rendered or of the animal's release from the Hospital, including any boarding fees Should the Hospital have to institute collection proceedings to recover any amount owed by me, I agree to pay all costs of such collection proceedings, including any legal fees incurred.

Signature of Owner or Authorized Agent: \_\_\_\_\_