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# *Kilshannagh Veterinary Clinic*

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3051 State Rte. 82 Ancramdale, NY 12503

Tel. 518. 329.5213 Fax 518.329.0026

www.kvclinic.com

## **CLIENT REGISTRATION (SMALL ANIMAL)**

Please complete and mail/fax/e-mail to our office. Copy and complete as many of the additional pet information sheet(s) as needed. Thank you.

### **Client Information:**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Best time to call: \_\_\_\_\_ E-mail: \_\_\_\_\_

Payment Policy: **PAYMENT AT TIME OF SERVICE IS REQUIRED BY EITHER CASH/CHECK OR CREDIT CARD (Mastercard/Visa).**

**IF THERE IS AN OUTSTANDING BALANCE ON YOUR ACCOUNT FOR ANY REASON FOR OVER 30 DAYS THIS BALANCE WILL BE SUBJECT TO FINANCE CHARGES AT THE PREVAILING RATE INDICATED ON YOUR INVOICES /STATEMENTS AND YOUR ACCOUNT WILL BE AUTOMATICALLY PLACED IN COLLECTION. YOU WILL BE LIABLE FOR ALL LEGAL FEES INCURRED DURING THE COLLECTION PROCESS.**

### **Pet Information:**

Pet Name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Insurance Company/telephone: \_\_\_\_\_

Medical History (ongoing conditions only): \_\_\_\_\_

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**ADDITIONAL PET INFORMATION**

**Pet Information:**

Pet Name:

Age:

Breed:

Color:

Sex:

Emergency Contact:

Insurance Company/telephone:

Medical History (ongoing conditions only): \_\_\_\_\_

\_\_\_\_\_  
If applicable:

**Pet Information:**

Pet Name:

Age:

Breed:

Color:

Sex:

Emergency Contact:

Insurance Company/telephone:

Medical History (ongoing conditions only): \_\_\_\_\_

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