

NOTTINGHAM PET CLINIC

Dr. Nancy Freeborough, Dr. Joan Graulich, Dr. Pamela Edwards, Dr. Lynda Duckett

120 Julian Place
Syracuse, NY 13210
Phone: (315) 446-9241
Fax: (315) 445-2725

Thank you for giving us the opportunity to care for your pet! To help us better meet your needs, please take a few moments to complete both sides of the following information sheet.

NEW PATIENT/CLIENT INFORMATION

Owner's Name: _____ Spouse/Other: _____

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

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Spouse's/Other's Work Phone #: _____

Employer's Name & Address: _____

Spouse's/Other's Employer Name & Address: _____

Email Address: _____

Referred By: _____

1. WE DO NOT BILL - Payment is due in full at the time services are rendered. We will gladly prepare an estimate if you do so desire. Please ask an assistant or technician. X

2. Forms of payment accepted include: Cash, MasterCard, Visa, Discover, Check, Credit/Debit card. We DO NOT accept Care Credit. X

3. Payment by check will not be accepted until you are established with the Nottingham Pet Clinic.

By signing on the line below, I agree that I will pay a \$35.00 service charge each time a check tendered as payment on my account is returned unpaid for any reason and if my account is turned over for collection because of failure to pay. In the event of an unpaid balance, a monthly service charge will be added to the balance due. I will pay all costs of collection, including reasonable legal fees and disbursements as allowed by law. X

4. Due to New York State law and insurance requirements, all pets must be current on rabies vaccination. Vaccination will be updated at the time of your appointment if it is not current. X

5. We require 24 hour notice for cancellation. If you no-show to more than one appointment, you will be charged a \$50.00 fee for a missed exam. X

I have read, initialed, and understand the above statements:

X _____

ANIMAL MEDICAL HISTORY

Species: Cat / Dog
Pet's Name:
Breed:
Color/Markings:
Date of Birth:
Sex: M / F
Altered / Spayed? Yes / No
Diet (Name of Pet's Food):
Daily Medications/Vitamins/Treats:
Flea Products Used:
Hours Spent Outside Each Day:
Prior Illness/Surgery:
Vaccinations: *Please present copies of previous medical history to the front desk with this form*

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