

BALDWIN ANIMAL HOSPITAL
1864 Grand Avenue
Baldwin, New York 11510

Thank you for giving Baldwin Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please provide the following:

CLIENT INFORMATION (Please Print)

Owner(s) Name: _____ Spouse/Companion: _____
Last First Last First

Mailing Address: _____ * * E-MAIL: _____
City State Zip Code

Home Phone: _____ Cell Phone: _____ Work: _____

Spouse/Companion contact info: Cell Phone: _____ Work: _____

How did you become aware of our hospital? Yellow Book (local)/Yellow Pages/Internet/Hospital Sign/Web site
If personal recommendation, whom may we thank? _____

Please circle any Social Media you currently use: Facebook, Twitter, Pinterest, Google+, You Tube

PET INFORMATION

Pet's Name: _____ Birth Date: _____ Species: _____

Breed: _____ Sex: M F Spayed/Neutered: Yes No

Color: _____ Date of Last Vaccination(s): _____

Last Vet Visit: _____ Surgeries/Chronic Health Problems: _____

*Please list any other pet family members: _____

I understand that all fees are due when services are rendered. Forms of payment accepted check any/all that may apply:

___ Cash ___ Debit ___ Visa ___ Mastercard ___ Discover ___ American Express ___ Care Credit
(In the event arrangements are made to accept a Check and it's returned for non-payment there is a \$ 25.00 fee)

***By providing us with your e-mail address you may open a personal pet portal through our website, allowing you to view your pets' vaccine history, refill medications and contact us.**

May we have permission to publish your pet(s) photo to the internet/our website: YES NO

Signed: _____ Date: _____
Owner Signature