

Greater Staten Island Veterinary Services

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Tel: 917-830-1380 + Fax: 917-830-1390

gsivetservices.org



Client Registration

PLEASE PRINT CLEARLY

Owner Information

Full Name: First Name: _____ Last Name: _____

Street/Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Cell Phone Number: Area Code: (_____) Phone Number: _____

Home Phone Number (or second number): Area Code: (_____) Phone Number: _____

E-Mail: (example@yahoo.com) _____ (used only for patient communications, not for solicitation)

Spouse/Partner/Authorized Representative: First Name: _____ Last Name: _____

Cell Phone Number: Area Code: (_____) Phone Number: _____

Patient Information

Patient Name: _____ Breed: _____

Color: _____ Weight: _____

Species: ☐ Dog ☐ Cat ☐ Other

(If other than a dog or cat, please indicate what type of animal): _____

Neutered: ☐ Yes ☐ No Sex: ☐ Male ☐ Female Age or Date of Birth: _____

Referral Information

Name of Pet Insurance Company and Policy # (if you have coverage): _____

Name of Patient's Veterinarian or Veterinary Hospital and phone number:

(if none, please write "N/A"): _____

Please indicate whether you wish to have your pet's medical records released to the veterinarian you have listed on this registration: ☐ Yes ☐ No ☐ N/A

I authorize release of my pet's medical records to:

(name of person or hospital): _____

Consent and Authorization

I hereby represent that I am over the age of 18 and authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid when the services are rendered and that a deposit will be required for treatment. Due to the nature of medical services, I understand that once a service is performed, the fee for that service is non-refundable.

Service Charge

In the event that this account is placed with an attorney or a collection agency because of an unpaid balance remaining on my pet's account, I hereby agree and promise to pay interest of 1.5% per month of the outstanding balance to be calculated starting from my pet's last date of service. In addition, I also agree and promise to pay a collection fee of \$100 or 33% of the total balance due, whichever is greater, upon placement with an attorney or collection agency because of an unpaid balance remaining on my pet's account. In the case of a returned check, I acknowledge that there will be a fee of \$35 imposed by and payable to GSiVS. By signing my name below I hereby acknowledge the above stated policies.

Signature

Date