

COURT SQUARE ANIMAL HOSPITAL & HOUSECALL SERVICE

42-38 Crescent Street
Long Island City, NY 11101
www.courtsquareanimalhospital.com

Payment is required in full at the time services are rendered. Acceptable forms of payment are: Cash, AmEx, Visa, MasterCard, Discover, and Wells Fargo Health Advantage Credit Card. Checks are not accepted.

Owner's Name: _____

Address: _____

City/State: _____ Zip: _____

Primary phone: _____ cell / landline / work

Secondary phone: _____ cell / landline / work

Email: _____

Preferred method of contact: *Phone / Text / Email*

Driver's License Number: _____ State: _____ DOB: _____

Occupation: _____

Health Care Proxy:

I, _____, authorize the following individuals as health care proxy for my pet(s) listed on my account at Court Square Animal Hospital. These individuals are authorized by me to make decisions regarding examinations, vaccinations, treatment plans, and routine procedures; although I remain the only individual, as owner, capable of authorizing the humane euthanasia of any pets listed on my account. I understand that I remain ultimately financially responsible for the payment of all balances at the time of services rendered.

In order of contact in case of emergency (must be 18 years or older):

1. _____ Phone: _____ Relation to owner: _____

2. _____ Phone: _____ Relation to owner: _____

How did you hear about us? _____

Pets:

Name: _____

Name: _____

Species: *Dog / Cat / Other* _____

Species: *Dog / Cat / Other* _____

Breed: _____

Breed: _____

DOB/Age: _____

DOB/Age: _____

Sex: *Female / Male*

Sex: *Female / Male*

Spayed/Neutered? *Yes / No*

Spayed/Neutered? *Yes / No*

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that a deposit of an estimate's low end will be required for surgery, hospital, or medical procedure, and that payment in full is required at the time of release, or as services are rendered. Should a portion of my pet's care be covered, through a prior agreement by any third party, I also understand that I am responsible for any remaining fees. I understand that I can receive a written fee estimate if I request one. Should the hospital have to institute collection proceedings to recover any amount owed by me that includes balance due, interest, and billing fees, I agree to pay all costs of such collection proceedings, including any legal fees incurred. Should I carry an insurance policy on this pet, the insurance policy is between myself and the insurance carrier, not the insurance carrier and Court Square Animal Hospital. Balances overdue will incur interest and billing charges.

I hereby grant Court Square Animal Hospital the right to use the name and photograph or other likeness of myself and my pet(s) in connection with promotional materials in any and all media, including printed material, internet, and film.

Signature of Owner: _____ Date: _____