

4963 Western Turnpike
 Altamont, New York 12009
 Phone: (518) 355-0260
 Fax: (518) 355-2540
 thestaff@guilderlandanimalhosp.com
 www.guilderlandanimalhosp.com



Michael J. Casler, DVM
 Jennifer R. Haber, DVM
 Jillian C. Moser, DVM

CLIENT AND PATIENT INFORMATION FORM

DATE: ___ / ___ / ___

CLIENT #:

Please help us get to know you and your pet better by providing the following information. Thank you!

OWNER INFORMATION: MUST BE OVER 18 YEARS OF AGE

circle one	Mr.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mrs.			
	Ms.			
	Last Name	First Name	MI	

CO-OWNER INFORMATION:

circle one	Mr.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mrs.			
	Ms.			

Address: _____

City: _____ State: _____ Zip: _____

	OWNER	CO-OWNER
HOME PHONE		
CELL PHONE		
WORK PHONE (In Emergency)		
EMPLOYER		
OCCUPATION		
DRIVER'S LICENSE		
E-MAIL		

Providing an email address will allow for appointment & wellness reminders.

How did you find us?

FRIEND
 FAMILY
 GOOGLE

PHONEBOOK
 FACEBOOK
 WEBSITE

DRIVE BY
 OTHER:

If you were referred by a client of ours please give us their name so we may thank them

WE REQUIRE PAYMENT AT THE TIME SERVICES ARE PROVIDED.

We offer a wide variety of payment options: **Cash, Check, Mastercard, Visa, Discover, American Express & Care Credit.** We also work with many **pet insurance** companies.

*** For your convenience, we also offer Wellness Plans ***

	PET A	PET B
PET'S NAME		
SPECIES		
BREED		
SEX (Circle One)	MALE NEUTERED MALE FEMALE SPAYED FEMALE	MALE NEUTERED MALE FEMALE SPAYED FEMALE
DATE OF BIRTH		
COLORS		
PREVIOUS VETERINARIAN (Name and address)		

PHOTO RELEASE

I grant to Guilderland Animal Hospital, its affiliates, representatives and employees the right to take photographs of me and/or my pet(s), and to copyright, use and publish the same in print and/or electronically.

I agree that Guilderland Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, education and Web content.

The above may take photos of me and/or my pet(s).

The above may NOT take photos of me and/or my pet(s).

AUTHORIZATION:

Signature: _____

Date: _____

Printed Name: _____