

# Collar City Animal Hospital

499 2<sup>nd</sup> Avenue Troy, NY 12182 – 518-235-1710  
New Client and Patient Information

Owners Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Co-Owner: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Species: [ ] Dog [ ] Cat  
City & ZIP: \_\_\_\_\_ Breed: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Spayed or neutered: [ ] Y [ ] N  
Cell Phone: \_\_\_\_\_ Color: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Distinguishing features: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_ Known Allergies: \_\_\_\_\_  
Referred By: \_\_\_\_\_ Does Your Pet Go Outdoors? [ ] Y [ ] N  
Previous Veterinarian: \_\_\_\_\_ Microchip Number: \_\_\_\_\_  
Previous Vaccinations: \_\_\_\_\_

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment

**Owner/Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Owner/Agent Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_