

Grand Island Small Animal Hospital



2323 Whitehaven Road
Grand Island, NY 14072
(716)773-7645

www.gianimalhospital.com

What is your preferred method of contact?

Call Home # Call Cell #

CLIENT INFORMATION

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: () _____ Cell Phone: () _____

Work Phone: (716) _____ E-Mail: _____

OWNER'S RIGHT TO PRIVACY/ RECORDS RELEASE

The confidentiality of your pet's health information is very important. We will, with your permission, release your pet's immunization records, and other health records to another veterinary office, kennel, groomer, day care, or rescue organization. Please give permission below.

Yes No Sign: _____ Date: _____

Where to send information: _____

PET INFORMATION

Pet Name: _____ Canine Feline (Circle One) Date of Birth: _____

Breed: _____ Color: _____

Sex: M F Neutered / Spayed / Intact (Circle One). Indoor Outdoor Both

Name of previous veterinarian and hospital: _____

Is your pet on Heartworm Prevention: No Yes Type: _____

Is your pet on Flea/Tick Prevention: No Yes Type: _____

Does your pet have any previous medical problems? If so, what? _____

Is your pet currently on any medications? If so, what? _____

Does your pet have any known allergies or drug reactions? If so, what? _____

Is your pet insured? Yes No **Please ask if you would like information on pet insurance.**

HOW DID YOU HEAR ABOUT US?

How did you hear about us? _____
(yellow pages, hospital sign/drive by, internet search, vet referral, friend referral)

Tell us why you are bringing your pet in for the first time (please choose one):

I have a new pet Emergency Visit I am new to the area I need a second opinion

Other: _____

FINANCIAL AUTHORIZATION

We do not bill, but we do accept Cash, Personal Checks, Visa, MasterCard, Discover, and Care Credit. **Your preferred method of payment is:** Cash Check Credit Card Care Credit

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I assume responsibility for all charges incurred in the care of this animal. In the event that the account should become delinquent, I hereby acknowledge that I will be responsible for all fees and agree to pay the balance.

Signature of Owner: _____ Date: _____

REQUEST RECORDS TRANSFER TO GRAND ISLAND SMALL ANIMAL HOSPITAL

I authorize the release of a copy of the medical records for the animal listed below

From: _____

To: **Grand Island Small Animal Hospital Fax (716)774-8234, Phone (716) 773-7645**

Pet's Name: _____ Owner's Name: _____

Signature: _____ Date: _____

Check here if this is a permanent transfer and you would no longer wish to receive mailings from your previous veterinarian.

VACCINE HISTORY

Write date preformed on line.
CANINE VACCINE HISTORY:

_____ DHLPP _____ Rabies

_____ Kennel Cough _____ Dewormed

Write date preformed on line.
FELINE VACCINE HISTORY:

_____ FDCVR _____ Rabies

_____ FeLV _____ Dewormed

SOCIAL MEDIA POLICY

Grand Island Small Animal Hospital utilizes social media marketing as a business tool and an educational resource for pet owners. Within the context of promoting the business, we would like to use images, videos, and/or information regarding your pet's health condition. You may or may not wish to participate as outlined below. If you do not wish to participate, simply check the last box below.

I approve use of the following: (Initial all that apply):

_____ Pictures/Videos of my pet _____ My Pet's Story _____ My Story as Owner

_____ My Pet's Name (first name only) _____ My Name (first name only)

_____ I do not grant permission to use any of the above.

I hereby, the undersigned, do grant permission for Grand Island Small Animal Hospital to use the above material for social media. I release you, your representatives, employees, managers, members, officers, parent companies, subsidiaries, and directors from all claims and demands arising out of or in connection of any use of said "Materials" including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. Print Name: _____

Signature: _____ Date: _____