



New York Veterinary Specialty & Emergency Center

2233 Broadhollow Rd. (Rt. 110) Farmingdale, NY 11735
631-694-3400 Fax: 631-694-3401 Website: www.nyvsc.com Email: vets@nyvsc.com

New Client & Patient form

* Required

Pets are triaged and seen in the order of most seriously injured or ill first. Thank you for your patience.

* Payment method for this visit. (Valid ID required for all but cash) [] Cash [] Check [] Debit [] Credit [] CareCredit®

How did you hear about us? [] Friend [] Veterinarian [] Phone Book [] Internet [] Website [] Facebook

* Reason for visit- [] Referral [] Emergency Date _____

Responsible person(s) (Must be 18 years or older to bring in a patient) Fill out completely please.
* Name(s) _____
* Street Address _____
* City: _____ * State: _____ * Zip: _____
* Primary Phone _____ [] cell [] home Secondary Phone: _____ [] cell [] home
* Email _____ Other # _____

Patient Information: * Weight _____
* Pets Name _____ * Species [] Dog [] Cat [] Other _____
* Breed _____ * Date of Birth or age _____
* Sex [] Female [] Spayed Female * Color/Markings _____
[] Male [] Neutered Male Micro Chip/Tattoo _____

* Referring or Regular Veterinarian (rDVM)
Veterinarian _____ Hospital's name _____
rDVM Phone _____

Referrals: which doctor will you be seeing?
[] Dr. Allan Carb (Surgeon)
[] Dr. Arnold Lesser (Surgeon)
[] Dr. Jacqueline Carver (Surgeon)
[] Dr. Todd Carter (Internal Medicine)
[] Dr. Norma White-Weithers (Dermatology)
[] Dr. Jonathan Goodwin (Cardiology)
[] Dr. Harold De Forge (Dentistry)
[] Rehabilitation Therapy
[] Other

Emergency: presenting for:
[] Injury. Explain _____
[] Illness, explain _____
[] Poisoning _____ (You need to call poison control & a fee will apply):
* ASPCA Poison Control 800-548-2423. Pet Poison Hotline 800-213-6680
Case # _____
[] Breathing difficulties _____
[] Other _____



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Patient History

- * Vaccines current?
* Current Rabies Vaccine?
* Known Drug or Vaccine Allergies?
* Previous major health problems:

Previous Surgeries: (If yes, please list cause and procedure with date if possible):

I give permission to discuss my pet's medical information with: (Check all that apply)
My regular Veterinarian.
Name Can make: Medical decisions. Financial decisions.

Emergency Contact Information:
In the event of an emergency and we cannot contact you, please list two relatives/friends we can call.
* Name Phone
Name Phone

Please Read and Sign Below:

I understand:

- I am the owner or authorized by the owner of the above described patient.
I authorize any treatment or procedures which NYVSC deems necessary.
A deposit of 75% of the low end of the estimate is required when the patient is admitted
That all fees are to be PAID IN FULL at the time of release/discharge.
My financial responsibility continues even if my pet fails to recover or is euthanized.
NYVSC does not have any payment plans and I except responsible for all fees.
It will be necessary to return to my veterinarian or clinic of my choice for continued care.
New York Veterinary Specialty Center is a specialty referral practice, designed to assist my regular veterinarian in the diagnosis, management and treatment of complex medical and surgical cases and information will be shared to this end.
I acknowledge all information I have provided is true and accurate to the best of my knowledge.

* Yes No May we use you or your Pet's story or image on our publications, website, or other internet/social media outlets?

* Signature of Owner/Agent: * Date: