

Welcome!



UPPER EAST SIDE ANIMAL HOSPITAL

Thank you for giving us this opportunity to care for your pet.
Please help us meet your needs better by taking a moment to fill out

310 East 65th Street, Suite 1C, New York, NY 10065
212-396-3020 | info@uppereastsideah.com

YOUR INFORMATION

Owner's name _____ (circle one) Mr. Mrs. Ms. Miss
Spouse/Joint owner name _____
Address _____ City _____ State _____ Zip code _____
Home phone _____ Cell phone _____ Work phone _____
Driver's license # _____ State _____ S.S. number _____
Employer name and address _____
Emergency name and number _____
Email address _____ Senior Citizen Discount (65 or older) Yes No
How did you first hear about this Hospital? Newspaper Radio Welcome Wagon Yellow Pages
 Hospital Sign Individual (name) _____ Web Site _____

PET HEALTH HISTORY

Pet's name _____ Birthday _____ Or age _____
Type of pet: Dog Cat Other _____ Breed _____
Color _____ Weight _____ Male: Neutered Female: Spayed
Vaccination history (type of vaccine and date given) _____

Has your pet had: Heartworm test Lyme test Fecal exam Dentistry
 Feline Leukemia/FIV test Received a blood donation

PLEASE CHECK ANY SYMPTOMS OR PROBLEMS THAT YOU HAVE NOTICED ABOUT YOUR PET:

<input type="checkbox"/> Behavior problems	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Bleeding gums
<input type="checkbox"/> Breathing problems	<input type="checkbox"/> Coughing	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Gagging	<input type="checkbox"/> Eye bulging or bloodshot	<input type="checkbox"/> Limping
<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Scooting	<input type="checkbox"/> Seems depressed
<input type="checkbox"/> Shaking Head	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Increased urination
<input type="checkbox"/> Excessive Drinking	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Weight problems
<input type="checkbox"/> Allergies	<input type="checkbox"/> Skin problems	

Other Problems and/or Current Medications _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume the responsibility for all charges incurred in the care of this animal. **FULL PAYMENT IS REQUIRED AT THE TIME OF EACH VISIT, THERE IS NO BILLING.** We accept Cash, Visa, Master Card, Amex, Discover, Care Credit, and Checks with a driver's license. We will gladly prepare an estimate if you desire

PHONE NUMBER

ALTERNATE PHONE NUMBER