

***Once completed this form may be e-mailed into our office: avonanimal@gmail.com
Or the form may be printed and brought with you to your first appointment.**

**AVON ANIMAL HOSPITAL
CLIENT UPDATE AND INFORMATION RELEASE**

OWNERS NAME _____

ADDRESS _____

TOWN _____ ZIP _____

CONTACT: HOME _____ WORK _____ CELL _____

E-MAIL _____

REFERRED BY: _____

What is your preferred method of contact for appointment reminders?

PHONE CALL _____ E-MAIL _____ TEXT _____

If text please select carrier VERIZON _____ AT&T _____ SPRINT _____ OTHER _____

Please complete the following information about your pet.

NAME SEX NEUTERED? DOB BREED

RELEASE OF INFORMATION

New York State Education Department regulations prohibit us from releasing any information in your files to any third party EXCEPT in the case of a BITING INCIDENT or SUSPECTED RABIES EXPOSURE we are REQUIRED to furnish a copy of your pet's RABIES VACCINATION CERTIFICATION to a PUBLIC HEALTH OFFICER. This is the only information that we will release to any person or persons other than those who appear on this account.

FINANCIAL RESPONSIBILITY

I understand that I am responsible for the prompt payment of all charges resulting from my pet's visit to Avon Animal Hospital. IN THE EVENT OF NON-PAYMENT, ANY OUTSTANDING BALANCE WILL BE SUBMITTED TO A COLLECTION SERVICE WHICH YOU AGREE TO REIMBURSE US THE FEES OF ANY COLLECTION AGENCY, WHICH MAY BE BASED ON A PERCENTAGE AT A MAXIMUM OF 25% OF THE DEBT, AND ALL COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES, WE INCUR IN SUCH COLLECTION EFFORTS. There is a \$30.00 charge for returned check.

(Sign)

(Date)

PAYMENT IS DUE AT TIME OF SERVICE

What is your preferred method of payment? CASH _____ CHECK _____ VISA _____
M/C _____ DISCOVER _____