RIDGEMONT ANIMAL HOSPITAL 4200 Ridge Road West Rochester, NY 14626 Phone (585) 225-2133

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank You!

INFORMATION ABOUT YOU				
Owner's Name	Spouse_			
Address	~			
Street	•	7		Zip Code
Home Number	Work Phone Number			
Spouse's Work Number	Cell Phone Number			
Employer	Spouse's Employer			
Social Security Number	Driver's License Number			
INFORMATION ABOUT YOUR PET				
Pet's Name Breed € Male € Female € Neutered/Spayed	Color€Cat	€Dog	€Other DOB/age_	
Do you have a copy of your pet's vaccination history? €yes €no If not, where did your pet last receive medical care? Any previous serious illness or surgeries? Any allergies to vaccinations or medications? Any specific behavioral problems?				
Is your pet on any special diets or medications?				
Do you have any other pets at home?				
When did you acquire your pet?				
Do you have any children at home?				

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

€ Hospital Sign € Yellow Pages € Location € Previous/Current Client € Other_____ € Individual whom we may thank?

PAYMENT POLICY

Our mission is to deliver the finest, most cost effective health care treatment available today. Following diagnosis, the doctor will advise you of our plan of treatment. Additionally, we will discuss with you the cost of today's and future treatments.

Payment for today's visit and future visits are due at the time of treatment. We are sensitive to the fact that some people may not be able to pay cash at the time of treatment.

We accept many forms of payment including: (*please check which one you prefer to pay with*) € Cash € Check (*with current driver's license of person writing the check*) € MasterCard € Discover € Visa € Debit Card € Care Credit (*apply here*)

Thank you for entrusting us with your pet's care.