



PO Box 465; 230 Rock Hill Drive  
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info@catskillvetservices.com

www.catskillvetservices.com

Welcome to our practice! We appreciate that you have selected Catskill Veterinary Services to be your veterinary care provider. **Please complete and *print* all information.**

### REGISTRATION

Owner's Name \_\_\_\_\_  
First Last MI

Co-Owner's/Agent's Name \_\_\_\_\_  
First Last MI

Barn/Farm Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

How would you prefer to receive your reminders (circle all that apply): Email Regular Mail Text Message

Do you give us permission to utilize your animal's photos or other materials on website/social media/publication: YES NO

Do you give Catskill Veterinary Services, PLLC permission to request medical records from another veterinarian's office?

YES NO Previous Veterinarian's office: \_\_\_\_\_

Are you/spouse a veteran/currently in the armed forces, firefighter, or police officer? YES NO

### AUTHORIZATION

I assume complete responsibility for all charges incurred with the care of the animal(s). I also understand that these charges will be paid at the time of completing my visit, and that a deposit may be required for a hospitalized/transport of a patient. For all unpaid accounts, there will be a monthly finance charge of **\$6.00 or 10% interest rate**. For all returned checks, there will be a **\$30 processing fee** in addition to the amount due on the account. If accounts lapse for a period of 90 days, you will be subject to legal action.

We accept Visa, MasterCard, Discover Card, American Express, and CareCredit (ask about terms and conditions).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AFTER HOURS EMERGENCY SERVICES POLICY AND AGREEMENT**

The doctors of Catskill Veterinary Services, PLLC provide emergency and after-hours emergency services for current clients/patients. To be considered a current client/patient the patient should be seen within a 12-month period for some form of consultation. If it is pertaining to a farm/barn, we should have been to the location within a 12-month period.

Catskill Veterinary Services, PLLC reserves the right to advise referral to the nearest emergency medical center if the patient is too ill to be seen during afterhours. At the current time, we do not have full after hours medical staff on premises. We also reserve the right to decline seeing a patient after hours if the doctor on call deems it inappropriate to see the patient due to our limited staff resources during off hours.

Our doctors reserve the right to decline house call services in the event the patient is deemed too sick to be seen on house call services. We do not provide emergency medical transportation/patient ambulance care and can not provide such. In the event of an emergency or urgent issue it may be in the best interest of your patient to transport them to the nearest veterinary hospital

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for giving us the opportunity be your choice for veterinary care. Please complete and **print** all information.

**PATIENT REGISTRATION # 1**

Patient's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Horse \_\_\_ Goat \_\_\_ Sheep \_\_\_ Other:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

**PATIENT REGISTRATION # 2**

Patient's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Horse \_\_\_ Goat \_\_\_ Sheep \_\_\_ Other:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

**PATIENT REGISTRATION # 3**

Patient's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Horse \_\_\_ Goat \_\_\_ Sheep \_\_\_ Other:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

**PATIENT REGISTRATION # 4**

Patient's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Horse \_\_\_ Goat \_\_\_ Sheep \_\_\_ Other:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

**PATIENT REGISTRATION # 5**

Patient's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Horse \_\_\_ Goat \_\_\_ Sheep \_\_\_ Other:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

**PATIENT REGISTRATION # 6**

Patient's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Horse \_\_\_ Goat \_\_\_ Sheep \_\_\_ Other:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

**PATIENT REGISTRATION # 7**

Patient's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Horse \_\_\_ Goat \_\_\_ Sheep \_\_\_ Other:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

**PATIENT REGISTRATION # 8**

Patient's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Horse \_\_\_ Goat \_\_\_ Sheep \_\_\_ Other:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Previous Medical Problems \_\_\_\_\_

**Current Medications**

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