

**Sheridan Animal Hospital**

**2288 Sheridan Drive ·Buffalo, New York 14223**

**(716) 833-2255 · (716) 833-8525 fax**

**Veterinary Specialists of Western New York**

**Direct line (716) 833-5345**



ACCREDITED

Thank you for giving our animal hospital the opportunity to provide your pet with exemplary veterinary care.

Welcome to our practice!

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Owner Co-Owner

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Owner Co-Owner Co-Owner

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children (over 18), pet caregiver, or other individuals not listed above authorized to make medical decisions on account, (name & relationship to owner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency contact person/relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best place to call: ⎕ Home ⎕ Work ⎕ Cell Best Time: ⎕ AM ⎕ PM Text message reminders? ⎕ Yes ⎕ No

**We will not share or “spam” your email.**

Why did you choose us? The highest compliment our clients can give is the referral of their friends and family to our practice. Whom may we thank?

⎕ Existing Client (first & last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⎕ SPCA/Shelter ⎕ Internet/Website ⎕ Sign

As the owner of record, I hereby grant to Sheridan Animal Hospital, the right and permission to use any photographs/video they have taken of me or my pet for any purpose and in any and all media now or in the future. I hereby grant to Sheridan Animal Hospital the right and permission to use my name in connection with the photographs if they choose. This release serves as a waiver for you as the pet owner of all royalties. I hereby release and discharge Sheridan Animal Hospital, from any and all claims and demands arising out of or in connection with the use of the photograph/videos, including any and all claims for libel or invasion of privacy. I am of adult age, and/or the legal guardian of the mentioned minor, and have the right to contract in my own name. I have read the photo release and fully understand the contents. This release shall be binding upon me and my heirs and legal representatives.

It is understood that an estimate of charges will be given for services. A deposit prior to treatment will be required at the time of admission. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur. No guarantee or assurance can be made as to the results that may be obtained.

Professional fees are to be paid at the time services are performed. Sheridan Animal Hospital reserves the right to charge $25.00 for any missed appointments without 24 hour notification.

I understand and agree that in case of non-payment I will be subject to all billing and/or finance charges associated with my account. Should it become necessary to settle my account through a collection agency or attorney, I, the undersigned agree to pay all costs of collection.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 1-19