



Ardasley Veterinary Associates

New Patient Registration Form

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

Client Information

Owner's Name: Last _____ First _____

Spouse/Other: Last _____ First _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Email Address: _____

Which is your preferred method of contact? _____

Who may we thank for recommending you to Ardsley Veterinary Associates? _____

Patient Information

	Pet #1		Pet #2	
Name				
Species	Canine	Feline	Canine	Feline
Breed				
Sex	Male	Female	Male	Female
Spayed/Neutered?	Yes	No	Yes	No
Birthdate				
Age				
Color				

Preferred Veterinarian:

Dr. Elise Lovisa Dr. Joseph Zuckerman Dr. Lindsey Thomas

Dr. Valerie Carril Dr. Briana Warner No Preference

I hereby authorize Ardsley Veterinary Associates to render surgical and/or medical care for my pet(s). I understand that payments are due in full at the time that services are rendered and a deposit is required prior to treatment and/or surgical procedures are initiated. Unpaid invoices will accrue finance charges of 1.5% monthly (18% APR).

Signature of Owner/Guardian: _____ Date: _____