Ardsley 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? _____

Do we have permission to share photos of your pet(s) on our social media platforms/website?_____

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. Emily Hendry

Dr. Mallori Fitzgerald Dr. Julia Sabo 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:**_____