

Registration Form

PETS IN NEED CLINIC (PINC)

Please fill in all the spaces requiring information. This form, accompanied by a signed referral letter from an agency or clergy member, must be received by **Thursday, February 19**. It can be faxed to: (585) 321-9975, sent to: Henrietta Animal Hospital, 3156 East Henrietta Road, Henrietta, NY 14467, or emailed to: drbrownstein@henriettahosp.com.

So that we might better serve you and your pet, please provide any additional information about your pet's medical history at the bottom of this sheet.

Thank you.
Michelle Brownstein, DVM

Please print:

Owner's Name _____
Owner's Address _____
Phone Number _____
Emergency Contact _____
Social worker/case worker/Clergy Name _____
Case number _____

Brief statement of your need and future plans for your pet's medical needs

Pet's Name _____
Dog ___ Cat ___ Male ___ Female ___
Age ___ Spayed/Neutered? Yes ___ No ___ If no, date of last heat? _____
Breed _____ Color _____
Date of last vet visit _____ Name of last veterinarian, if any _____
Past vaccination history _____
What do you feed your pet? Canned _____ Dry _____ Brand _____
Heartworm tested? Yes ___ No ___
Feline Leukemia tested? Yes ___ No ___ Does your cat go outside? Yes ___ No ___
Is your pet de-wormed? Yes ___ No ___

Please list current or past medical problems or any problems associated with vaccinations.

Is your pet taking any medication, vitamins or supplements? Yes _____ No _____

If yes, please list them:

Additional information _____

The Henrietta Animal Hospital reserves the right to deny service if your pet is deemed too aggressive and/or cannot be restrained in a safe manner. Fractious animals MUST be muzzled by their owner.

The parties agree that _____ is acting as a referral agency only and
(name of referring agency)
assumes no liability regarding the provision of veterinary services by Henrietta Animal Hospital.

I, _____ agree to hold Henrietta Animal Hospital, its employees, and volunteers free from all damages and liability regarding the administration of vaccines, medication, or other veterinary services to my pet(s).

Owner's Signature _____ Date _____