



# Henrietta Animal Hospital

*Where warm hearts meet warm paws*

## Pets in Need Clinic Program Registration Form

The PINC program is open to owners who are experiencing temporary financial trouble, have suffered natural disasters, or who are in extenuating financial circumstances due to military service. A referral stating need from a social worker, caseworker, clergy or similar individual is necessary for participation. Our discounted services are limited to: vaccination, deworming, heartworm blood tests, and food donations.

Please submit the completed form, accompanied by a signed referral letter from an agency or clergy member, to: (mail) Henrietta Animal Hospital, 3156 East Henrietta Road, Henrietta, NY 14467, or by fax: (585) 321-9975, or by email: [drbrownstein@henriettahosp.com](mailto:drbrownstein@henriettahosp.com).

**Client/Owner Name:** (please print) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

**Social/case worker/Clergy Name:** \_\_\_\_\_ **Case number:** \_\_\_\_\_

**Brief statement outlining your need and the future plan for your pet's medical needs:**

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**Pet's Name:** \_\_\_\_\_  Dog  Cat  Male  Female **Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Spayed/Neutered?**  Yes  No **If no, date of last heat?** \_\_\_\_\_

**Date of last vet visit:** \_\_\_\_\_ **Name of last veterinarian, if any:** \_\_\_\_\_

**Past vaccination history:** \_\_\_\_\_

**What do you feed your pet?**  Canned  Dry **Brand(s)?** \_\_\_\_\_

**Heartworm tested?**  Yes  No **Feline Leukemia Tested?**  Yes  No **Does your cat go outside?**  Yes  No

**Is your pet de-wormed?**  Yes  No **Is your pet taking any medications, vitamins, or supplements?**  Yes  No

**If yes, please list:** \_\_\_\_\_

**Please list current or past medical problems or any problems associated with vaccinations:** \_\_\_\_\_

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So that we might better serve you and your pet, please provide any additional information about your pet's medical history on page 2 of this form.

**Additional information about your pet:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 assumes no liability  
(name of referring agency)  
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).

**Client/Owner's Signature** \_\_\_\_\_

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