



Cross River
Animal Hospital

810 ROUTE 35
CROSS RIVER, NEW YORK 10518
914-763-8121 FAX: (914)-763-9325

CLIENT INFORMATION

Name: _____

Address: _____ City & State: _____

_____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-Mail: _____

Credit Card #: _____ Expiration: _____

Security Code: _____

What influenced your decision to choose Cross River Veterinary Center?

<input type="checkbox"/>	Internet/social media	<input type="checkbox"/>	Location	<input type="checkbox"/>	Client Referral	<input type="checkbox"/>	Other
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If Client Referral, which client? We would like to thank them: _____

PATIENT INFORMATION

Pet's Name: _____ Canine/Feline: _____

Gender: _____

Breed: _____ DOB: _____ Color: _____

Most Recent Veterinarian: _____ Phone: (_____) _____

May we contact your most recent Veterinarian for Vaccination History/Medical Records? No Yes

No Yes

Health History (ex. Allergies, Current Medications, Chronic Ear Infections, Surgeries, etc.): _____

How would you describe your pet's temperament? _____

Will your pet need to be sedated/in a muzzle for basic handling-medical exam, vaccinating, etc.? _____

Has your pet been spayed or neutered? _____

Is your cat declawed? (if applicable) _____

Does your pet have a microchip? If yes, #: _____

Do you have an insurance policy for your pet? *If yes, provider:* _____

I authorize CRVC to post pictures of my pet on the hospital social media (Facebook, Instagram, etc.)
No Yes

I authorize and acknowledge financial responsibility for veterinary/boarding/surgical/grooming services rendered by the Cross River Animal Hospital. I understand that I am responsible to pay for uncollected fees, accrued interest, postal fees and expenses incurred by attorneys, collection agencies, and/or medical and clerical research time due to non-payment. I also authorize the use of my credit card on file to pay for services rendered and any unpaid balances.

I am the owner/agent of the above-named pet and am responsible for it. I also have the authority to execute this consent and am of 18 years of age or older.

Signature: _____

Date: _____

Please send this completed form to CrossRiverAH@aol.com

POLICIES & ANSWERS TO FAQ

*We accept Visa, Mastercard, American Express or Cash.
We accept payment via check from clients of 6 months and longer.
All fees must be paid in full when your pet is discharged from the hospital.*

BOARDING

- We offer your pets an abundance of supervised outdoor play time in our 1-2 acres of fenced in yard-either individually or in play groups with other dogs that are boarding at our hospital.
- We are happy to provide your pet with our natural foods during their stay-our food is a dry, chicken-based formula. You are welcome to provide your own food or anything that you would like to be added to the food that we provide. If you are providing your own food or additives-please provide feeding instructions.
- All boarding dogs must be current on their Rabies, Distemper, Leptospirosis, Canine Influenza and Kennel Cough vaccinations and have had a recent fecal test. All boarding cats must be current on their Rabies vaccination and have had a recent fecal test. These services can be provided at our hospital.
We do ask that you send us your pet's vaccination history, prior to boarding, so that we have the opportunity to review them, inform you of anything that your pet may need & plan accordingly.
- All senior pets must have a mandatory medical exam prior to boarding. This exam must be performed by our doctors so that they are familiar with your pet's condition.
- Because we cannot guarantee that your pet will return with their personal belongings-we do not permit any outside bedding, toys, dishes, leashes or collars. We will provide everything that they need.
- We offer a complimentary bath for all pets boarding for 14 days or longer.
- For all pets staying 14 days or longer-we will require a 50% deposit upon admission.

<p>Drop Off and Pick Up Monday-Friday Pets must be dropped off by 3:00pm Pets may be picked up between 9:30am-1:00pm There will be a \$25.00 late pick up fee after 1:00pm Pets <u>must</u> be picked up by 4:30pm. The office will be closed at 5:00pm.</p>	<p>Drop Off and Pick Up on Saturday Pets must be dropped off by 2:00pm Pets may be picked up between 9:30am-1:00pm There will be a \$25.00 late pick up fee after 1:00pm Pets <u>must</u> be picked up by 2:30pm. The office will be closed at 3:00pm</p>
We do not offer pick-ups on Sundays or Holidays	

GROOMING

- We offer grooming services on Mondays & Thursdays by appointment only.
- We ask that you drop your pet off by 10:00am on the morning of your scheduled appointment & we will call you when the grooming is complete and your pet is ready to be picked up.

GENERAL APPOINTMENTS

- We ask that all vaccination & important medical history are provided prior to your pet's appointment.
This information can be e-mailed to us at CrossRiverAH@aol.com or faxed to us at (914) 763-9325.
- We reserve time for each patient's appointment so that we can always give our undivided attention and care.
As a courtesy-if you need to change, reschedule or cancel your appointment, for any reason, we ask that you please do so 24 hours before your appointment is scheduled to begin.
- Due to a recent increase in the number of patients who have not shown up for their scheduled appointments, we will now be charging a \$75.00 fee for missed appointments.

SURGICAL APPOINTMENTS / CONSULTATIONS / PROCEDURES

All patients must have a mandatory medical exam/consultation prior to scheduling surgery of any kind.

Cross River Animal Hospital cannot provide any financial estimates for procedures/surgeries,

of any kind, until after your pet has completed their medical exam and consultation.

- A 50% deposit, based on the provided estimate, will be required upon scheduling of the procedure.
- When your pet's surgery/procedure has been scheduled-it is *extremely* important that they are not provided with food or water after midnight on the day of the procedure. We will remind you of this when confirming your appointment.