



**Rye
Harrison
Veterinary
Hospital**

Gary Yarnell, DVM, Director
170 North Street, Rye New York 10580

Client Information Sheet

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a moment to complete both sides of this information sheet.

Date _____

Owners Name: _____ Spouse/other _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-Mail Address: _____

Employer's Name & Address _____

In case of EMERGENCY, please call _____ at telephone number _____

How Did You Hear About Us? (Circle one)

Yellow Pages/ Hospital Sign/ Internet/ Individual (someone we may thank?) _____

Payment: We accept cash, checks, and MC/Visa/Discover cards for your convenience. If you intend to pay by check or credit card, please complete the following:

Credit Card Visa/MC/Discover Acct # _____ Security Code: _____ Exp Date: _____

Driver's License: State _____ Number _____

I understand that I may receive a written fee estimate if I request one and that a final fee will be based on actual services rendered. I agree to pay the full amount due at the time services are rendered or my pet is released from the hospital.

Signature of Owner or Authorized Agent _____