

INTEGRATIVE VETERINARY THERAPIES, P.C.



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CLIENT/PATIENT INFORMATION SHEET

Client Information:

Name: _____

Spouse: _____

Address: _____

Home #: _____

Cell #: _____

Employer: _____

Work #: _____

E-Mail Address: _____

Who can we thank for referring you? _____

Patient Information:

Name: _____

Species (please circle): **K9 or FEL**

Breed: _____

Sex (Please circle): **Male / Female, Altered?: Yes | No**

Birthdate: _____

PATIENT MEDICAL ALERTS:
(ALLERGIES, BITER, ETC)

*We will no longer be providing printed receipts or medical records. Please provide us with your e-mail address for correspondence. Thank you.

If paying by check, please complete:

Driver's License #: _____ Social Security #: _____ D.O.B.: _____

SOCIAL MEDIA RELEASE: I grant Integrative Veterinary Therapies, P.C., its representatives and employees the right to take photographs or videos of me and/or **my pet**, and to copyright, use and publish the same in print and/or electronically (Facebook, clinic website). I agree that Integrative Veterinary Therapies P.C. may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content. **(PLEASE SELECT ONE)**

☐ The above **may take and use photos or videos of me and/or my pet** (Please Initial **x**____)

☐ The above **may NOT take or use photos or videos of me and/or my pet** (Please Initial **x**____)

FEE AGREEMENT: We accept Visa, Mastercard, Discover, American Express, and personal checks with proper identification. Payment is expected at time of service. In extraordinary circumstances, a client may be billed. Any outstanding balance is subject to a 1.33% monthly service charge with a minimum fee of \$2.75. Any returned check will be subject to a returned check fee of \$25.00. Furthermore, should the services of a collection agency become necessary as a result of this default, I agree to reimburse the fees of any collection agency which may be based on a fee of \$13.75 claim fee charged by said agency, plus a percentage at a maximum of 35% of the debt and all costs and expenses, including reasonable attorneys' fee, which we incur in such collection efforts.

Date: _____

SIGNATURE OF OWNER: _____

PRINTED NAME OF OWNER: _____

Staff Initials: _____ Date of Receipt: _____