

Farmingdale Dog & Cat Clinic  
908 Conklin Street  
Farmingdale NY 11735  
(631) 694-5454 & (631) 393-6537

**NEW CLIENT REGISTRATION FORM**

Today's Date: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Primary # \_\_\_\_\_ Alternative # \_\_\_\_\_ Additional # \_\_\_\_\_  
Email address: \_\_\_\_\_

\*\*\*\* We respect your right to privacy-when you supply your contact information you will receive approved communication from Farmingdale Dog & Cat authorized vendors and service providers solely \*\*\*\*



Pet's Name: \_\_\_\_\_ Approximate Age/DOB: \_\_\_\_\_  
Cat/Dog (circle one) Breed: \_\_\_\_\_  
Male/Female/Unknown (circle one) Neutered/Spayed : \_\_\_\_\_

- Vaccines given within the past year? \_\_\_\_\_
- Is your pet on any medication? If so, list \_\_\_\_\_
- Date of last Flea/Tick Treatment & Product Used? \_\_\_\_\_
- Any previously diagnosed health issues? \_\_\_\_\_
- Reason for today's visit? \_\_\_\_\_
- How did you hear about us? \_\_\_\_\_



**PAYMENT IN FULL IS REQUIRED** at the time of services rendered or at discharge.  
We accept Cash, Checks, Visa, M/C, Discover, Am/Ex and Care Credit.  
Returned checks are subject to a \$20 service fee and delinquent accounts are subject to accrued finance fees and turned over to a collection agency.

The undersigned has read as well as understands the above and will assume responsibility for all fees associated with pet's visit.

Sign name: \_\_\_\_\_ Print: \_\_\_\_\_