

**Animal Health Center**  
 359 St. Hwy 67  
 Amsterdam, NY 12010  
 (518) 843-7390  
 Amsterdamvet.com



**Animal Medical Center**  
 101 Progress Road  
 Gloversville, NY 12078  
 (518)883-6365  
 FultonCountyVet.com

**Client Information:**

Owner Name: \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Spouse/Co-Owner \_\_\_\_\_ Phone \_\_\_\_\_  
 How did you learn about our practice? \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 How would you prefer your reminders to be sent?  
 Post Card  
 Email

Pets Name	Dog/Cat	Gender	Spayed/Neutered	D.O.B	Breed	Color

Reason for visit today \_\_\_\_\_  
 Has your pet been seen by another veterinarian Y/N  
 Where? \_\_\_\_\_ Reason \_\_\_\_\_  
 May we contact your previous vet for information Y/N  
 Describe your pets diet \_\_\_\_\_  
 Last fecal exam \_\_\_\_\_ Last Heartworm Test \_\_\_\_\_  
 Medication your pet is allergic to \_\_\_\_\_

**Authorization:**  
 I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of our pet(s). I also understand that all professional fees are due at the time the services are rendered. If you have an urgent problem, please call first thing in the morning if you would like your pet to be seen that same day. Please see cancellation policy form that is attached.  
 \*Please be courteous and keep cell phones turned off while in the exam room.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Policies and Procedures

## Prescription Policy

To fill a prescription or script we would need at least a 24hr notice.

For controlled medications we would need at least a 48hr notice.

It is the owners responsibility to pick up written scripts at our office and to mail/take them to the pharmacy of their choice.

## Missed Appointments

Owners who fail to show for their appointment and do not notify the practice with at least a 24 hour notice, are subject to the following:

1st No Show: Reminder call to reschedule if needed.

2nd No Show: A \$30.00 fee will be charged to your account, and will need to be paid prior to make any future appointments.

## Carrier/Leash Policy

For the safety of your pets and other pets in our care we ask that all pets be either in a carrier or on a leash during their visit with us.

## Rabies Policy

All pets must be kept up to date with rabies vaccination in order to remain a patient here. Failure to do so may result in an inability to make any appointments for your pet.

## Payment Policy

All payments are due at the time of services rendered. All returned check are subject to a \$35.00 fee.

If you have any questions about the policies listed above, please feel free to ask our staff for more information.

By signing below, you understand and agree to the above policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_