

**Veterinary Specialists of the Finger Lakes  
1380B Pittsford-Mendon Road  
Mendon, NY 14506  
585-624-2240**

**CLIENT REFERRAL REGISTRATION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Mr.) (Mrs.) (Miss) (Ms.): \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail (Self): \_\_\_\_\_ (Spouse/Other): \_\_\_\_\_

Place of Employment (Self): \_\_\_\_\_

Employment Address: \_\_\_\_\_

Place of Employment (Spouse/Other): \_\_\_\_\_

Employment Address and Phone: \_\_\_\_\_

**PATIENT INFORMATION**

Species: (canine) (feline) Sex: (F) (F/S) (M) (M/C) Age: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Vaccination Dates: \_\_\_\_\_

**REFERRING VETERINARIAN**

Doctor & Hospital: \_\_\_\_\_

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Reason For Referral:** \_\_\_\_\_

**REFERRAL POLICY**

In the event that your pet requires future veterinary medical help for a problem not related to the current one, we ask that you contact your primary veterinarian. Familiarity with you pet makes your doctor best qualified to manage further conditions. We will not provide routine veterinary care unless specifically requested by your current veterinarian.

I, the undersigned, have read and agree to comply with this policy.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PAYMENT INFORMATION**

Mendon Village Animal Hospital makes every effort to provide state-of-the-art, caring veterinary services to your pet. In return, we ask that our clients pay for these services at the time they are rendered. Please indicate below what your usual method of payment will be. Thank you in advance for paying at the time of your pet's visit.

Cash     Check     MasterCard     Visa

**PAYMENT AGREEMENT**

I/We the undersigned agree to pay for veterinary services, provided by Mendon Village Animal Hospital, in a timely manner. I/We agree to be responsible for payment of all collection and reasonable attorney fees incurred should this account be submitted for collection.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Emergency Contact Signature

\_\_\_\_\_  
Date