



Rockaway Beach Veterinary Services  
9202 Rockaway Beach Blvd  
Rockaway Beach, NY 11693  
Tel: 718-408-7287  
Website: rockawaybeachvet.com  
Email: info@rockawaybeachvet.com

### Client & Patient Registration Form

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/ Co-Owner(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

#### Pet/ Patient Information

Patient's Name: \_\_\_\_\_ Species (Dog or Cat): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Spayed       Neutered       Intact       Sex Unknown

#### Vaccination History

Rabies    DA2PP    Bordetella    Leptospirosis    Lyme    Influenza    Heartworm Test

FVRCP    Leukemia    FELV/FIV Test    Fecal Test (check all that apply)

Pet's Current Medication: \_\_\_\_\_

Brand/Name of Pet's Diet: \_\_\_\_\_

Current Symptoms/ Problems: (check all that may apply)

Diarrhea    Vomiting    Coughing    Sneezing    Head Shaking    Increased Drinking/Thirst

Other: \_\_\_\_\_

#### Authorization

I, \_\_\_\_\_ certify that I am currently 18 years or older and the current owner of the pet listed above. I hereby authorize the veterinarian to examine, prescribe for, and/or treat the pet listed above. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid in **FULL** at the time of the pet's release. I understand that a **deposit fee** is required at the time of scheduling a doctor's appointment and understand that RBVS does not accept same day cancelations or reschedule.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_