



66-15 Woodhaven Blvd.
 Rego Park, NY 11374
 718.897.8200

ANDREW H. ENGEL, D.V.M., P.C.
 VETERINARIAN



Guardian Information Form

Date _____

Name _____ Home Phone _____
 (Last) (First) (Initial) Drivers License _____

Address _____ City _____ State _____ Zip _____

Employer _____ Address _____ Work Phone _____

Length of Employment _____ IF NECESSARY MAY WE CALL YOU AT WORK? YES NO

Co-Owner Name _____ Drivers License _____
 (Last) (First) (Initial)

Co-Owner Employer _____ Address _____ Work Phone _____

Length of Employment _____ IF NECESSARY MAY WE CALL YOU AT WORK? YES NO

How did you first become aware of our clinic and/or hospital?
 Sign Yellow Pages Coupons Other _____

Friend or neighbor, Who May We Thank for Referring You? _____

ALL FEES ARE DUE UPON RELEASE OF PET – PLEASE INDICATE CHOICE OF PAYMENT
 Cash Check MasterCard Visa Discover American Express

TO BETTER SUIT YOUR INDIVIDUAL NEEDS – WHICH DO YOU FEEL APPLIES TO YOU?

Check One:

I feel my pet is a member of our family. I feel my pet is just a pet.

Check One:

I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
 I want good medical care for my pet, but there is a limit to what I am able to have done.
 I want you to perform only the services that I request.

Check One:

I want to learn as much as I can about pet health care; please explain detail what has been done for my pet or what is needed.
 I would prefer you just summarize what has been done for my pet or what is needed.
 I want my pet healthy, but do not need to know what has been done.

Check One:

I prefer to be present when my pet is treated. I would rather not see my pet examined and treated.

GUARDIAN SIGNATURE _____ Responsible For Payment _____

Pet Information

Species: Canine Feline Avian Ferret Rodent Other: _____

Pet's Name: _____

Sex: Male Female

Date Of Birth: _____

Spayed/Neutered: Yes No

Breed: _____

Color(s): _____

Reason For Today's Visit: _____

Last Vaccinated?

		When?	Where?	Phone#
(Canine)	Rabies			
	Lymes			
	DHLPC			
	Bordatella			

		When?	Where?	Phone#
(Feline)	Rabies			
	FDCR			
	Felv			
	Bordatella			

Is Your Pet Currently On Any Medications?

No Yes Which? _____

Has Your Pet Ever Been Diagnosed For Any Diseases?

No Yes Which? _____