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**TRI-STATE VETERINARY MEDICAL GROUP**

Practice Owner, Nancy Hallam-Smith VMD  
Associates  
Lauren Alex DVM Christine Barnhorst DVM April Koich DVM

**CLIENT REGISTRATION**

*Thank you for giving us the opportunity to take care of your pets.*

Owner's Name \_\_\_\_\_

Co-Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_

**AUTHORIZATION**

Method of Payment Cash  Credit Card  Check

If you pay by check you must provide the following information:

Driver's License Number \_\_\_\_\_ Soc.Sec.Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*I assume complete responsibility for all charges incurred with the care of my animal(s).  
I also understand that these charges will be paid at the time of treatment and/or release.  
A deposit may be required for a hospitalized case.*

*Veterinarian's schedules are often full. When a patient fails to keep an appointment,  
that time cannot be utilized by other patients who are ill and need to see a Veterinarian.*

*Therefore, we reserve the right to charge for missed appointments.*

*The fee is the amount applicable to the type of visit that was scheduled.*

*To avoid charges, cancellations should be made 24 hours in advance.*

*We are aware that emergencies do arise so please do not hesitate to call if this should occur.*

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

Pets: \_\_\_\_\_

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