



**VMCLI**  
 Veterinary Medical Center of Long Island  
 24 Hour Emergency & Specialty Services

www.vmcli.com

75 Sunrise Hwy.  
 West Islip, NY 11795  
 Phone: 631.587.0800  
 Fax: 631.587.2006

## New Client Registration Form

Your Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouses Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Would You Like to Receive Updates, News and Articles via Email? Yes \_\_\_ No \_\_\_

Regular Veterinarian \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex: Neutered Male  Intact Male  Spayed Female  Intact Female

DOB \_\_\_\_\_ Color \_\_\_\_\_

I hereby authorize the veterinarian to examine the above described animal. I assume responsibility for all charges incurred in the care of this animal. I understand that a deposit will be required before all procedures and hospitalized animals. I also understand that charges are to be paid in full upon completion of services. Should it be necessary to settle my account through a collection agency or attorney, I agree to pay any and all interest, collection costs, and legal fees.

**We apologize, but we do not accept checks, our acceptable forms of payment are:  
 Visa, MasterCard, Discover, Amex, Care Credit, Cash and Debit.**

Signature of Responsible Person \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us?

Veterinarian  Yellow Pages  Sign  Friend  Internet Search  Website