

The Center for Avian and Exotic Medicine
568 Columbus Avenue
New York, New York 10024
(212) 501-8750

CLIENT REGISTRATION FORM

Name: _____	Address: _____
Apartment #: _____ City: _____	State: _____ Zip Code: _____
Home Phone: _____	Cell Phone: _____
Email: _____	<i>Please circle preferred method of contact</i>
Employer: _____	Work Phone: _____
Second Contact Name: _____	Second Contact Phone: _____

Pet's Name: _____	Breed: Avian Reptile/Amph Mammal
Species: _____	Color/Markings: _____ Date of Birth: _____
Gender: Female Male Neutered/Spayed Unknown	
Gender determination by: Visual examination DNA test Past egg laying	

How did you hear about us? Please circle and be specific so we may thank your referral source!

Vet. Referral: _____	Client Referral: _____	Our Website	
Google Search	Yellow Pages	Passing by	Other: _____

Who was your former veterinarian (if any)? _____

Do you have pet insurance? _____ Policy number: _____

I understand that all the fees are due at the time that services are rendered. For your convenience we accept cash, Mastercard, Visa, and debit cards. Additionally, I may apply for a line of credit for my pet's veterinary care. I understand that The Center for Avian and Exotic Medicine lacks a provision for billing and requires a deposit in advance for all services to be performed and complete payment at the end of the visit. I fully understand this agreement.

X _____
(Signature of owner or agent)

Date: _____