



# WELCOME TO HEART of CHELSEA *Animal Hospital*

**1-212-924-6116**

257 WEST 18<sup>TH</sup> STREET,  
NEW YORK, NY 10011  
HEARTOFCHELSEA.COM



## REGISTRATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_  
EMAIL \_\_\_\_\_



## ADDITIONAL INFO

SPOUSE/PARTNER \_\_\_\_\_ PHONE \_\_\_\_\_  
HOW DID YOU HEAR ABOUT US?  REFERRAL (WHO) \_\_\_\_\_  INTERNET  SIGN  
 OTHER \_\_\_\_\_



## PET HEALTH HISTORY

PETS' NAME \_\_\_\_\_ SPECIES:  CAT  DOG  OTHER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX:  MALE  NEUTERED  UN-  
SURE  
BREED \_\_\_\_\_ COLOR \_\_\_\_\_  
KNOWN ALLERGIES (PLEASE LIST) \_\_\_\_\_



## AUTHORIZATION

DATE OF LAST VETERINARY VISIT \_\_\_\_\_ (APPROX. IF UNKNOWN)  
I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED  
PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO  
UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE  
REQUIRED FOR SURGICAL TREATMENT OR HOSPITAL TREATMENT.

I UNDERSTAND THAT THE HEART OF CHELSEA ANIMAL HOSPITAL WILL **NOT** ACCEPT PERSONAL CHECKS\*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE