



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 Form

We Apologize, but we do not accept checks.

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 these charges are to be paid at the completion of services and that a deposit may be required for the hospitalized patients. Should it be necessary to settle my account through a collection agency or attorney I agree to pay all costs of collections.

Signature of Responsible Person _____

Date _____

How did you hear about us?

Veterinarian ___ Yellow Pages ___ Sign ___ Friend ___ Internet ___