VETERINARY SPECIALISTS OF WESTERN NEW YORK

REFERRAL INFORMATION

Thank you for giving our animal hospital the opportunity to provide your pet with exemplary care.

Owner (Last)	(First)			(Initial)
Address (Street)	(City)		(Apt#)	(Zip code)
Home phone	Cell Phone		E-mail	
Occupation	Employer		Work phone	
Alternate contact name	Phone		E-mail	
Occupation	Employer		Work phone	
Animal's Name	(Age)	(Sex)	(Color)	(Breed)
Referring Doctor				Telephone
Referring Animal Hospital				
My pet's regular veterinarian, if different than who is referring				

Did you bring a disk with images? ☐ Yes ☐ No Did you bring x-rays? ☐ Yes ☐ No
Referring hospital e-mailed radiographs ☐ Yes ☐ No

Photo Release: As the owner of record, I hereby grant to Sheridan Animal Hospital, the right and permission to use any photographs/video they have taken of me or my pet for any purpose and in any and all media now or in the future. I hereby grant to Sheridan Animal Hospital the right and permission to use my name in connection with the photographs if they choose. This release serves as a waiver for you as the pet owner of all royalties. I hereby release and discharge Sheridan Animal Hospital, from any and all claims and demands arising out of or in connection with the use of the photograph/videos, including any and all claims for libel or invasion of privacy. I am of adult age, and or the legal guardian of the mentioned minor, and have the right to contract in my own name. I have read the photo release and fully understand the contents. This release shall be binding upon me and my heirs and legal representatives.

It is understood that an estimate of charges will be given for services. A deposit prior to treatment will be required at the time of admission. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur. No guarantee or assurance can be made as to the results that may be obtained.

Professional fees are to be paid at the time services are performed. Sheridan Animal Hospital reserves the right to charge $50.00 for any missed appointments without 24 hour notification.

I understand and agree that in case of non-payment I will be subject to all billing and/or finance charges associated with my account. Should it become necessary to settle my account through a collection agency or attorney, I, the undersigned agree to pay all costs of collection.

Referral Policy

Your pet has been referred to Veterinary Specialists of Western New York by your veterinarian for medical diagnostic procedure and/or surgical treatment. We will complete these procedures and forward all pertinent information to your veterinarian.

In the event that your pet requires medical help in the future for a problem unrelated to what you were referred for, we ask that you call your veterinarian. The knowledge and familiarity with your pet makes your veterinarian best qualified to manage further conditions. We will treat only your pet's referred problem to completion. Our commitment to the Western New York veterinary community will not allow us to accept this pet as a patient of our general practice.

Date: _____ Signature: _____