

Welcome to Attleboro Veterinary Clinic!

We are excited to see you and welcome you and your adorable furry family member to our extended family!

New Client/Patient Information Sheet

DATE _____

OWNER'S NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE # _____

PLACE OF EMPLOYMENT _____

SPOUSE'S NAME _____

EMERGENCY CONTACT _____ PHONE _____

HOW DID YOU HEAR ABOUT US? (Please circle one)

Internet Phonebook Drive By Another Owner Other Vet Advertisement TV

PET INFORMATION

PET'S NAME _____

SPECIES: Cat/ Dog/ Bird/ Reptile/Ferret/Rabbit/Hamster/Guinea Pig/Gerbil/Other

BREED _____ AGE _____ DATE OF BIRTH _____

COLOR _____ SEX _____ SPAYED/NEUTERED _____

Last visit to the Veterinarian was _____, my pet was seen by Dr. _____ at _____ Animal Hospital.

OTHER PETS _____

Are they patients of our animal hospital? _____

FINANCIAL POLICY

I understand that I can receive a written fee estimate if I request one. I understand that a final fee will be based on actual services rendered, and agree to pay the full amount due at the time services are rendered or of the animal's release from the Hospital, including any boarding fees. Should the Hospital have to institute collection proceedings to recover any amount owed by me, I agree to pay all costs of such collection proceedings, including any legal fees incurred.

Attleboro Veterinary Clinic accepts the following payment types:

Cash, Money Orders , Bank Checks, Visa, Mastercard, debit cards and Pet Insurance.

Personal checks, Discover, American Express not accepted.

Signature of Owner or Authorized Agent _____