

# 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 \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

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 \_\_\_\_\_