VETERINARY MEDICAL CENTER
of Easton

# CLIENT INFORMATION FORM

*Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:*

**CLIENT INFORMATION** Date _____

Name _____ Spouse's Name _____

Mailing Address _____ Physical 911 Address_____

City _____ State _____ Zip _____

Phone_____ Work Phone _____ Cell Phone_____

Spouse's Work Phone _____ Spouse's Cell Phone_____

Place Of Employment _____ Best Time To Reach You _____

Driver's License #_____ E-Mail Address _____

In case we can not reach you regarding your animal, we need information on a close friend or relative.

Name_____ Relationship_____ Phone#_____

Horse(s) Presently Stabled (please specify if other than address above_____

_____

Previous Veterinarian_____

Current Trainer or Authorized Agent for Animal(s)_____

**All Fees Are Due At The Time Services Are Rendered**

Please indicate choice of payment. ? Cash / Check ? Visa • MasterCard

How did you become aware of our clinic? ? Drove by ? Yellow Pages ? Previous Client ? Other _____

? Personal Recommendation *(Whom may we thank?)* _____

***Accounts unpaid after 30 days are subject to a finance charge of 1.50% per month, (annual percentage rate 18.00%); minimum charge of $1.00. If your account is placed for collection, you will be liable for all costs of such collection, including but not limited to attorney's fees and court costs.***

**I HAVE READ THE ABOVE AND UNDERSTAND THE FINANCE CHARGE.**

_____ _____

Signature Date

**THANK YOU FOR CHOOSING VETERINARY MEDICAL CENTER!**

Revised: _____ 200__ / _____ 200__ / _____ 201__