

CLIENT INFORMATION FORM

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please print and complete the following:
(You may bring it with you to your appointment, email it to us: inquiries@vmceaston.com, or
fax it: 410-820-8328)



Equine/Farm CLIENT INFORMATION

Name _____ Spouse's Name _____
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 _____

E-Mail Address: _____

Where are Horse(s) Presently Stabled? (Please specify if other than address above):

Current Trainer or Authorized Agent for Animal(s):

Name _____ Relationship _____ Phone# _____

Do they have permission to make medical decisions on your behalf? _____

If your pet has previously been seen by another veterinarian, please provide pertinent records so that we may have all necessary information regarding your animal(s).

How did you become aware of VMC?

- Location Social Media Search Engine Other Pet Professionals
 Website _____ T.V Commercial _____ Other _____
 Personal Recommendation (*Whom may we thank?*) _____

Pictures

Unless directed otherwise, Veterinary Medical Center of Easton, its representatives and employees reserves the right to take photographs of clients and their pets, and to copyright, use and publish the same in print and/or electronically for the purposes of publicity, illustration, advertising, and Web content.

All Fees Are Due at the Time Services Are Rendered

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 AND UNDERSTAND THE ABOVE NOTICES

Printed Name

Signature

Date

Are you on active duty, active reserves or in the reserves or subject to recall to the armed services of the United States or any of her allies?

Yes _____ **No** _____ **Initials** _____

THANK YOU FOR CHOOSING VETERINARY MEDICAL CENTER!