

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)



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: _____

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

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 pet(s).

How did you become aware of VMC? Location Social Media Search Engine Other Pet Professionals

Website _____ ~~DMC~~ Commercial _____

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!