



East Hills Veterinary Clinic

NEW CLIENT INFORMATION

Account _____

OWNER:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell#: _____ Text Messaging: Yes / No

Which phone number is the best way to reach you? _____

E-mail Address: _____ Work Phone: _____

Spouse's Name: _____ Cell #: _____

Employer: _____

Who is your prior Veterinarian? _____

AUTHORIZED PERSONS TO ACCESS ACCOUNT:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED!

We accept all major credit cards, cash, check and Care Credit.

All unpaid balances are subjected to interest.

All returned checks are subject to a service charge.

Signature: _____ Date: _____

*****In order to prevent the spread of infectious diseases, all Patients staying in our facilities must be current on vaccinations. The signature above authorizes this level of preventative care and the appropriate charges will be assessed upon discharge.***

NEW PET INFORMATION

Name: _____ Canine / Feline

Breed: _____ Female / Female Spayed

Color: _____ Male / Male Neutered

Birth Date / Estimated Age: _____

Name: _____ Canine / Feline

Breed: _____ Female / Female Spayed

Color: _____ Male / Male Neutered

Birth Date / Estimated Age: _____

Name: _____ Canine / Feline

Breed: _____ Female / Female Spayed

Color: _____ Male / Male Neutered

Birth Date / Estimated Age: _____

*****In order to prevent the spread of infectious diseases, all Patients staying in our facilities must be current on vaccinations. The signature above authorizes this level of preventative care and the appropriate charges will be assessed upon discharge.***