

SEVEN HILLS VETERINARY CENTER

WELCOME TO OUR OFFICE

Date: _____

Client Number: _____

Client Service Initial: _____

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

Name: _____ Spouse/Co-owner Name: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone (____) _____ Other (____) _____

E-mail: _____

Place of employment: _____

Spouse/Co Owner Employer: _____ Phone (____) _____

Drivers License # _____

Emergency contact: _____ Phone: (____) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

For your convenience we offer several payment methods. Please indicate the payment method you will be using today. If you would like information regarding **pet health insurance** or **Care Credit** please ask one of our client service representatives.

Cash ___ Check ___ Visa ___ M/C ___ AMEX ___ Novus ___ Care Credit ___

All checks are verified by **Check-Rite/Global Payments**. Any returned checks are subject to fees.

How did you become aware of our clinic? (Check all that apply)

Drive by/Sign _____ Yellow Pages _____ Previous client _____
Referred by _____ Other _____