

WELCOME

Village Veterinary Clinic of Hamburg, P.C.

New client with new pet

Current client with new pet

Owner Information:

Name: _____
First name *Last name*

Address: _____
Number & Street *City* *State* *Zip Code*

Phone Number: _____
Home *Cell* *Work or Alternative*

Email address: _____

Name of spouse, partner, or other person you would like on account & contact number for that person:

How did you hear about us, please circle all that apply?

- Internet/Google
- Event
- Ad or news
- Family member or friend
- Other veterinary hospital
- Shelter/Rescue
- Social media
- Facebook - Instagram - Twitter

Please specify name for referral gift certificate

Pet Information: _____ Dog or Cat

Name: _____

Breed: _____ Date of Birth (or guesstimate): _____

Male or Female? Neutered? Yes or No _____ Spayed? Yes or No _____

Are there any known allergies in your household- both human and pet? Food? Medication?

We give treats in our exams, such as cheese and peanut butter. Please let us know if anyone has allergies prior to exposure.

All payments are due at time of services. A deposit is due if patient is hospitalized. The remaining balance will be due upon discharge.

Signature

Date