



# New Client Check In

If you would like to make an appointment, you can expedite your check in by submitting this form. Thank you for your cooperation in letting us assist you!

## **NAME** *required*

First Name:

Last Name:

## **ADDRESS** *required*

Street Address:

City:

State/Province:

Zip/Postal Code:

## **DAYTIME PHONE** *required*

Phone Type:    Home            Cell            Work

Phone Number:

## **EVENING PHONE** *required*

Phone Type:    Home            Cell            Work

Phone Number:

E-mail Address:

Pet's Name:

Age (*Years, Months*):

Breed:

## **PET INFORMATION** *required*

Male            Neutered            Female            Spayed

Are your pets vaccines current?    No            Yes

Do you have pets medical records?    No            Yes

Medical records at another veterinary practice?    No            Yes

Name of former veterinary practice:

May we request a transfer of records?    No            Yes

Reasons or conditions that prompted your visit?

Special requests or conditions?

Please list any additional pets here:



***Please Read:***

I understand, by indicating I agree and submitting this registration, which I am responsible for any charges incurred by my pet while in the care of the doctors at Veterinary Village, LLC and that charges are due and payable at the time of service, unless other arrangements are made in advance. Any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum. Any balance that I leave unpaid will be forwarded to Veterinary Village, LLC's collection agency, and will incur a 25% collection fee for which I am liable, in addition to monthly finance charges.

I have read this statement and -

I Agree

I Disagree

***To submit this form, be sure to save it to your computer prior to filling it out. Once complete, save everything, and press the submit button.***