



WELCOME



Date: ___/___/___

Names on account allowed to present pets for care.

Client Number#: _____

Name: _____ Last First DRV LIC# _____
SS# _____

Name #2: _____ Last First DRV LIC# _____
SS# _____

Name #3: _____ Last First DRV LIC# _____
SS# _____

Your Address: _____ (Apt#) (Street) (City State) (Zip)

Home# _____
Cell# _____

Number of Pets:
Dogs: _____
Cats: _____
Other: _____
(Please Specify)

Name #2:
Home# _____
Cell# _____

Name #3:
Home# _____
Cell# _____

EMAIL: _____ @
In order to have online access to manage your pets health, we need your email address. Your email address will never be shared with any 3rd parties

Emergency Contact:
Name: _____ (Last) (First)



What is pet portal?
You can use your Pet Portal to manage your pet's health care and medication schedule, communicate with us online, and learn more about your pet's individual health and life-stage issues.

Number: _____

How would you like to receive reminders:
Please check all that apply:
 Phone Text Email Pet Portal Mail

How did you hear about us:
 Yellow Pages Internet Current Client Other _____

If you were client referred, who may we thank for referring: _____
Financial Information: (Last) (First)

It is the policy of Mill Pond Veterinary Hospital P.C, that all client balances are due at the time services are provided. An estimate of fees will be given upon request. For you convenience we take Cash, Visa MasterCard, Discover and Care Credit, We do not accept checks or American Express at this time. I herby authorize the doctors, and staff, of Mill Pond Veterinary Hospital P.C to administer treatment, diagnostic, surgical and anesthetic procedures as they deem necessary. I realize that no guarantee can be made regarding the results of these procedures . Further I agree to assume full financial responsibility for these procedures and understand that a deposit may be required for surgical and or medical treatment.

Owner Signature _____ Print Name _____ Date: _____

Owner Signature _____ Print Name _____ Date: _____

Method of Payment: CASH VISA MasterCard DISCOVER CareCredit Patient Payment Plans Please check here if would like more information on CareCredit