

WELCOME TO MARLBOROUGH VETERINARY CLINIC

NEW CLIENT INFORMATION

Owner's Name _____ Date: _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Owner's

Home Phone _____ Work Phone _____ Employer _____

Cell Phone _____ Email _____

Spouse's

Home Phone _____ Work Phone _____ Employer _____

Cell Phone _____ Email _____

Pet Information

How many pets do you have? _____

Please list type/species/name _____

Were you previously established at another veterinary clinic? yes no

If so where? _____

What brought you to Marlborough Veterinary Clinic? _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Payment in full is expected when treatment is performed or animal is discharged. In case of emergency hospitalization, deposit arrangements must be made with the Hospital Manager. On your request we will provide you with a written estimate before services are rendered.

Method of payment: cash MC or Visa check

**We cannot accept out of state checks*

Valid Drivers License # _____ State _____ Exp date _____