

BETHEL VETERINARY HOSPITAL

New Client Form

Client Name: _____ Co-Owner: _____

Address: _____ Town: _____ Zip: _____

Contact Numbers: Home: _____

Work: _____ Name: _____

Cell: _____ Name: _____

Cell: _____ Name: _____

Email Address: _____ Decline:

Driver's License # (If paying by check or Care Credit): _____ State _____

Previous Veterinarian: _____

Pet(s) Name: _____ DOB: _____ Male/Female Spayed/Neutered

Color: _____ Breed: _____

Name: _____ DOB: _____ Male/Female Spayed/Neutered

Color: _____ Breed: _____

Name: _____ DOB: _____ Male/Female Spayed/Neutered

Color: _____ Breed: _____

How did you hear about us? _____

Full payment is due at time of service. For your convenience we accept Mastercard, Visa, American Express, Discover, Care Credit, Cash and Check.