

BETHEL VETERINARY HOSPITAL

New Client Form

Client Name: _____ Co-Owner: _____

Address: _____ Town: _____ Zip: _____

Contact Numbers: Home: _____

Work: _____ Name: _____

Cell: _____ Name: _____

Cell: _____ Name: _____

Email Address: _____

****Patient reminders are sent by email, we do not mail reminder cards****

Previous Veterinarian: _____

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

Color: _____ Breed: _____

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

Color: _____ Breed: _____

Name: _____ DOB/Age: _____ 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 and Cash. WE DO NOT ACCEPT CHECKS.