

**WELCOME TO SYLVANIAVET!**

**Name** \_\_\_\_\_  
Last First MI

**Address (no PO Box)** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Primary Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Secondary Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Secondary Contact** \_\_\_\_\_  
Last First

**\*\*\*Relation to account holder** \_\_\_\_\_

**Primary Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Secondary Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NEW CLIENTS PLEASE COMPLETE:**

How did you hear about our practice?  
Drive by\_\_\_ Phone book\_\_\_ Coupon\_\_\_ Former Client\_\_\_ PetCo Client\_\_\_ Internet\_\_\_  
Referral\_\_\_ \*Whom may we thank for referring you? \_\_\_\_\_  
Other\_\_\_ (please explain) \_\_\_\_\_

**OUR PAYMENT POLICY IS CASH, CHECKS, CREDIT/DEBIT CARD, CARECREDIT OR TRADE FIRST AT THE TIME OF SERVICE. WE DO NOT HAVE HOSPITAL CHARGE ACCOUNTS OR BILLING.**

**\*To comply with government issued red flag laws, please provide SylvaniaVET with a copy of your driver's license** \_\_\_\_\_

I understand and agree that it is the policy of SylvaniaVET to receive payment as services are rendered and that a deposit may be required if my animal is to be admitted to the hospital. Further, I understand that by bringing in an animal, I accept full financial responsibility for any and all charges.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_