

Village Veterinary Clinic
56 Front Street P.O. Box 280
Rollinsford, NH 03869
(603) 749-9688

New Rich Text Box

CLIENT INFORMATION:

Date: _____ Driver's License Number: _____

Name: _____ Spouse/Partner: _____

Mailing Address: _____

City, State, Zip _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Occupation: _____

E-Mail: _____ Primary Owner's Birthdate: _____

PET INFORMATION:

Pet Name: _____ Dog ___ Cat ___

Breed: _____ Color: _____

Age/DOB: _____ Male ___ Female ___ Neutered/Spayed? NO YES

Where did you obtain this pet? _____

Canine Vaccines: Rabies _____ DHPP _____ Lyme _____ Heartworm/Lyme Test _____

Feline Vaccines: Rabies _____ FVRCP _____ FeLV _____ FeLV/FIV Test _____

Please list any illnesses or surgeries your pet has had: _____

Reason for today's visit? _____

PAYMENT:

Estimates are available upon request. We accept cash, checks, Visa, MasterCard, and Discover. There will be a service charge for any checks returned unpaid. *All payment is due at the time of services.*

In admitting my pet for diagnostics, treatment or surgery, I authorize the veterinarians and staff of Village Veterinary Clinic to administer such treatment deemed necessary. I understand that I will be contacted, if possible, should complications arise. I also understand that I will be responsible for any late, collection, or attorney fees associated with any unpaid balances.

SIGNATURE: _____