



Village Veterinary Hospital
www.vvhcnny.com



Client Information Sheet

Account # _____

Owners Name: Last First MI

Co Owner Name: Last First MI

Address:

City State Zip

Home Phone Work Phone

Owner Cell Phone Owner Email

Co Owner Cell Phone Co Owner Email

Are you over 65 (we offer a senior discount): **YES** or **NO** Referred by: _____

Pet Information

Species	Name	Breed	Color	DOB	Sex	Spayed/N euterated



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How would you like to receive your pet appointment/vaccines reminders?
Circle all that apply

Email

Phone

Mail

Text

How did you hear about us?
Circle response

Website

Hospital Sign

Personal

Referral

Facebook

Google

Social Media

Within the context of promoting our business and pet health, we would like to use images, videos and/or information about your pet(s). Do you wish your pet(s) to participate on our social media sites?

Circle response YES NO

Payment Policy

We accept cash, credit cards and check with proper ID. Payment is expected when services are rendered. We will gladly prepare you a written estimate of services prior to treatment of your pet, if you desire.

I realize and understand that I am financially responsible for the care and treatment of my pet(s). I further agree that in the case of non-payment, I will be asked to fill out a care credit application. If declined, I will fill out a promise to pay and a finance charge or interest fees will apply.

Print Full Name:

Signature of Owner: