



ESSEX MIDDLE RIVER VETERINARY CENTER

Caring Vets. Healthier Pets. Since 1950.

Thank you for giving us the opportunity to care for you pet(s)!

Please complete the following form so that we may become better acquainted and have the information necessary to treat your pet(s).

We are transitioning to a paperless office. What is the best email address and text phone # for us to use when communicating information regarding your pet's health?

CLIENT INFORMATION

Owner's Name _____

Co-Owner's Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone# _____ Home# _____ Work # _____

Primary Phone # (circle) **cell** **home** **work**

How would you like to receive reminders (circle) **postal mail** **email** **text**. If text is please provide your mobile carrier _____

Email Address _____

In case of emergency, please call _____ Phone # _____

How did you become aware of our clinic? Previous Client Drove by Internet BARCS Arnold Pet Station Other

Personal Recommendation; Who may we thank for referring you to us _____

- **Please provide your driver's license to keep a copy on file.**
- **We do not accept checks. We do accept cash and most major credit cards (Visa, MC, Discover). We do offer Care Credit as a no-interest payment option. Ask us for details.**
- **Although we do not charge a missed appointment charge, if you do not cancel an appointment in an appropriate timeframe for us to enable another client to use the time, you must prepay for future exam charges (non-refundable) This prepayment will be applied to the visit when you are discharged, but will not be returned if the appointment is missed again.**

Owners' Signature _____ Date _____ rev11/19

PATIENT INFORMATION

Type of Pet (Circle)	DOG/CAT	DOG/CAT	DOG/CAT
NAME			
BREED			
DATE OF BIRTH/AGE			
COLOR			
SEX			
SPAYED/NEUTERED?			