



# 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).*

## CLIENT INFORMATION

Owner's Name \_\_\_\_\_

Co-Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Home# \_\_\_\_\_ Work # \_\_\_\_\_

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

Preferred method of receiving wellness exam, vaccine & appointment reminders (circle)

**postal mail, email, text** If text is chosen please provide your mobile carrier \_\_\_\_\_

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

Owner's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Co-owner's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

In case of emergency, please call \_\_\_\_\_ Phone # \_\_\_\_\_

How did you become aware of our clinic?

Previous Client  Drove by  Internet  BARCS  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 all major credit cards. We also offer Care Credit as a no-interest payment option. Please 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 \_\_\_\_\_ rev3/16

## PATIENT INFORMATION

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