

Welcome to New London Veterinary Center

Owner's Name: _____ Spouse /Other: _____
Children's names and ages: _____

Home address: _____ Apt: _____
City, State, Zip _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____

Employer's Name and Address: _____
City, State: _____ Work Phone: _____
Spouse/Other's Employer and Address: _____
City, State: _____ Work Phone: _____

Whom shall we call in an emergency if you are unavailable?

Name: _____ Phone : _____

Pet's Name: _____ Age/ Date of Birth: _____
Breed of this Pet: _____
Color: _____ Sex: _____ Spayed or Neutered: _____
Other things this pet would like us to know: _____

Reason for this visit: _____
Previous veterinarian: _____
When and why was this pet last examined by a veterinarian: _____

List names and types of other animals that you own: _____

How did you choose us to care for your pet: _____

We do not bill. We do accept VISA, Mastercard, Discover, cash and a personal check. If you ever plan to pay by check or credit card please provide:

Driver's License number and state : _____
Credit Card type and number: _____ Exp: _____

I assume full responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid at the time of release and that a deposit may be required for hospitalization and / or surgical treatment.

Signature of Owner / Agent : _____ date: _____