

West Chester Veterinary Care LLC

New Client Information Form



Contact information

Last	First	Title
Address	Phone	Cell
City, State, Zip	Work	Other phone
County	Email (needed for reminders)	

Personal Information

Spouse/significant other	Spouse/significant other phone number
How did you hear about us?	Reference (who recommended you to us?)

Pet information

Office Use Only:

Name	Species	Entered	
Breed	Age	AviMark Referral	
Color	Sex Altered (spayed/neutered)?	NC Card	
Birthday	Weight	Scan	
Microchip	Known allergy?		

All new clients shall place a \$40 deposit when booking each pet's first appointment. All professional fees are due at the time of service. We accept cash, credit, debit, Care Credit. We are always happy to provide and discuss estimates for services.

Please note: it is assumed when other animal service professionals call to request your pet's records, they are doing so at your authorization. Records will be released promptly to expedite your pet's care.

I acknowledge and agree to comply with the no show/late cancellation policy.

Signature _____ Date _____