

WINDSOR VETERINARY CLINIC

CLIENT INFORMATION SHEET

Name (Please Print): _____

Joint/Spouse Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell Phone #: _____

Email Address: _____

Place of Employment: _____ Work #: _____

In the future, may we contact you using your email address? Yes No

If this is your first visit, how did you become aware of our clinic?

Family/Friend _____ (So we can thank them.)

Yellow Pages

Newspaper

Road sign

Web site/ Facebook

Other _____

Thank you for your trust in allowing us to care for your pets. We encourage a strong partnership in working with you to provide the best care possible. We welcome your questions regarding problems, treatments, and cost so we can meet your needs as well as those of your pets.

Signature: _____ Date: _____

PAYMENT, IN FULL, IS TO BE PAID AT THE TIME OF SERVICE

If extensive work is to be done, please ask for an estimate so you are aware of the costs.

Account balanced beyond 30 days of service will be charged a \$5 late fee. Delinquent accounts are charged a \$25.00 collection agency fee.