

Coastal Veterinary Medicine Inc-Client Information Form

CLIENT INFORMATION

❖ *All accounts are due and payable at the time of your visit, unless satisfactory arrangements have been made with our office administrator prior to your appointment. We offer Visa, MasterCard, American Express, and Discover as payment options.*

OWNER _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME TELEPHONE _____ CELL _____

WORK PHONE _____ FAX _____

EMAIL _____

METHOD OF PAYMENT

CHECK CREDIT CARD CASH

CREDIT CARD NUMBER _____

EXPIRATION _____ 3-DIGIT SECURITY CODE _____

PATIENT _____

SPECIES _____ AGE _____

BREED _____

COLOR _____ SEX _____

PATIENT _____

SPECIES _____ AGE _____

BREED _____

COLOR _____ SEX _____

❖ *On accounts that have made prior payment arrangements, the payment is due upon receipt of the monthly statement. Any balance outstanding more than 30 days will accrue interest at 2.5% Interest charges will not be waived on unpaid balances*

CHIEF COMPLAINT OR REQUEST: _____

PAST PERTINENT HISTORY: _____

CURRENT TREATMENTS/MEDICATIONS: _____

WHO CAN WE THANK FOR YOUR REFERRAL? _____

SIGNATURE _____