

EMBERTON HOUSE CALL VETERINARY CLINIC
House calls by appointment
A.P. EMBERTON, D.V.M.
SMALL ANIMAL MEDICINE & SURGERY
(615) 327-5011

CLIENT INFORMATION FORM

DATE: _____ (PLEASE PRINT)

OWNER'S NAME: _____
(last) (first) (mi)

SPOUSE/OTHER: _____

ADDRESS: _____
(street) (city) (st) (zip)

OWN ___ RENT ___ E-MAIL ADDRESS _____

HOME #: _____ WORK #: _____ CELL #: _____

PLACE OF EMPLOYMENT: _____

IF SELF-EMPLOYEED, NAME OF BUSINESS: _____

SPOUSE/OTHER EMPLOYER: _____

DRIVER'S LICENSE # _____ STATE _____

NAME & PHONE # OF FRIEND/RELATIVE CLOSEST TO YOU: _____

HOW DID YOU HEAR OF OUR HOUSE CALL VETERINARY SERVICES? _____

Payment may be made by cash, personal check, Visa or Mastercard. If necessary, checks will be accepted to be cashed at a later predesignated date. A fee will be added to any check returned unpaid by your bank. Any unpaid balance will be subjected to a \$6.25 minimum monthly service charge.

I, the owner/agent of the pet presented, give my consent for treatment by Emberton House Call Veterinary Clinic. I assume responsibility for all charges incurred in the care of my pets. I also understand that these charges must be paid at the time services are rendered and that a deposit may be required before treatment or surgery. The owner/agent will be responsible for any collection or legal fees if the bill is not paid, in addition to finance charges occurring monthly on outstanding balances.

OWNER OR RESPONSIBLE PARTY: _____

