

ELIZABETHTOWN VETERINARY HOSPITAL
4629 US HWY 701 S. Clarkton, NC 910-862-3000

CLIENT INFORMATION:

Owner: _____ Client Number: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

PET INFORMATION:

Pet's Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Sex: Male Neutered Female Spayed

Proof of Vaccines: _____

PET INFORMATION:

Pet's Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Sex: Male Neutered Female Spayed

Proof of Vaccines: _____

HOW DID YOU BECOME AWARE OF OUR ANIMAL HOSPITAL?

- Referred (Whom may we Thank?) _____
- Hospital Sign
- Drive by
- Telephone Book (Which One?) _____
- Facebook
- Web page

"I assume financial responsibility for all charges incurred. E.V.H. cannot extend the privilege of charging services as this puts us in the position of becoming a lending institution. We accept, Cash, Telecheck, ATM, Credit Cards & Care Credit. We will kindly prepare a written estimate if you desire.

I verify that all information provided is accurate.

Signature _____ Date _____