

New Client Form

Lexington Veterinary Associates

Hickory Tree Vet Hospital

118 S Village Drive
Winston Salem NC 27127
336-775-2303

Jordan Vet Hospital

300 Highway 64 E
Lexington NC 27292
336- 249-3991

Denton Veterinary Hospital

175 Haywood Street
Denton NC 27239
336-859-2828

Client Information:

Client Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ SSN: _____

Spouse or Emergency Contact Information:

Name: _____

Address (If different): _____

City: _____ State: _____ Zip Code: _____

Best Possible Telephone number(s): _____

Employer: _____ SSN: _____

How did you learn about our practice? _____

If referred by a friend, please tell us who, so we know who to thank: _____

Primary reason for visit: _____

Number of Pets (Please specify species/breeds): _____

HOSPITAL PAYMENT POLICY: 1) PAYMENT IS REQUIRED WHEN TREATMENT IS PERFORMED AND BEFORE YOUR PET IS DISCHARGED. 2) NO PARTIAL PAYMENTS ARE ACCEPTED. ALL CHARGES ARE REQUIRED IN FULL AT TIME OF VISIT. 3) A DEPOSIT IS NECESSARY FOR ALL HOSPITALIZED PATIENTS.

AUTHORIZATION: I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all the charges incurred

in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s): _____ Date: _____