Chemung Valley Veterinary Clinic, P.C.
2046 Lake Road
Elmira Heights
New York 14903
607 734-5261
Fax 734-6063
www.cvvetclinic.com

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

CLIENT INFORMATION:

Name_____ Spouse/Other _____

Address_____ City_____ State_____ Zip Code_____

Phone#_____ Work#_____ Cell# _____

Place of employment_____ Best time to reach you _____

Spouse's employment_____ Spouse's Work #_____

E-mail_____ **Emergency call**_____@ #_____

Please indicate choice of payment. ___Cash ___Check ___Visa/MasterCard/Discover/Care Credit

All fees are due at the time services are rendered.
We will gladly prepare a written estimate for you. Please ask a receptionist or an exam room assistant.
If you wish to pay by CHECK, please complete the following:

***Bank Name*_____ *Drivers License#* _____*DOB*_____**

How did you become aware of our clinic? ___Drove by ___Yellow pages___ Internet ___Previous Client
____ Other _____
____Personal Recommendation (whom may we thank?)_____

Our Pet(s) is: ____Member of our family ____Child's pet ____Backyard Pet ____ Both inside/outside Pet

Previous illnesses or surgeries?_____

Are there any allergies to vaccines or medications?_____

Is your pet on any special diets or medications? _____

I understand every effort will be made to provide my pet with the best veterinary care possible. I agree to pay for services rendered at the time of service. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Signature_____ **Date:** _____