



1505 N. Road Street, Elizabeth City, NC 27909, 252-384-0109

New Client Information

Name _____ Date _____

Home Ph. # _____ work Ph. # _____ Cell Ph. # _____

email _____

Your email address is very important. We issue you a free Pet Portal, customized to your pet, with 24 hr access to your pet's medical records, Rx re-ordering capabilities, and complete Rx history.

Please indicate which is the best method to reach you for urgent information. Also, the best method for non-urgent information such as follow up labs results?

Urgent messages (*circle one*) home Phone / work phone/ cell / text)

Non-urgent (*circle one*) home Phone / work phone/ cell / text)

Street address: _____ City: _____ State: _____ Zip: _____

P.O. Box _____

Driver's license# _____ (required for check processing)

Spouse/other (names) _____

Home# _____ Work# _____ Cell# _____

Drivers license# _____ (for check processing)

Emergency contact other than self: Name _____ Phone # _____

Financial Policy: Payment is due at time of services. Estimates will be made available for extensive procedures. Deposits of up to half of estimate maybe requested. We accept the following payment types: cash, checks, Visa, Master Card, and American Express. In house credit is available thru *Care Credit*. Please ask for a brochure if interested in *Care Credit*.