



SOUTH
WILTON
VETERINARY
GROUP

Welcome to South Wilton Veterinary Group

As a valued client please fill out the following information *completely* so that we can give you the best possible service.

CLIENT INFORMATION

Date _____

How did you hear about our practice? _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Phone # _____

E-mail address _____

IF YOU WILL PAY BY CHECK YOU MUST COMPLETE THE FOLLOWING INFORMATION:

DL State: _____ DL#: _____

PLEASE KNOW THAT WE DO NOT OFFER BILLING. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED OR UPON YOUR PET'S DISCHARGE FROM THE HOSPITAL. A DEPOSIT OF ONE HALF OF ESTIMATED HOSPITAL COSTS IS REQUIRED UPON ADMISSION. THANK YOU FOR UNDERSTANDING.

PET INFORMATION

Name _____ Species/Breed _____

Date of Birth _____ Color _____ Sex _____

Altered? Y N Microchip? Y N Microchip # _____

Previous Veterinarian and Hospital _____

PLEASE NOTE: TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

I agree to the terms and conditions stated in this document. I am the authorized party who will be responsible for making decisions and providing payment for all services pertaining to the pet listed stated above.

Signed: _____ **Date:** _____