

Veterinary Center of Buckhead

NEW CLIENT INFORMATION

Please Include All Information

We reserve the right to charge \$40.00 for a missed appointment

Title: Mr. () Mrs. () Ms. () Dr. () Other _____

Name: _____ Spouse: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone Numbers:

(Home) _____ (Work) _____

(Cell) _____ (Other) _____

E-mail: _____

Would you like us to contact you with vaccine reminders via email? Yes No

Emergency Contact: _____ (Phone) _____

How did you hear about us? _____

**Payment is due when services are rendered. Accounts not settled will be subject to billing fees and interest.
UNPAID BALANCES WILL BE CHARGED TO YOUR CREDIT CARD**

The following information must be submitted.
This information is for our records and is strictly confidential. Thanks!

Visa or MasterCard # _____ Exp: _____
(circle one)

Driver's License # _____ State: _____

I believe that the information above is correct to the best of my knowledge. *I authorize any unpaid balance of my account to be charged to my credit card on file.*

Signed: _____ Date: _____