



WELCOME TO THE
EMMITSBURG VETERINARY HOSPITAL
FAMILY

Office Use Only

- Client info entered
- Vaccine info entered
- Microchip # entered
- Welcome info sent

Client Information

Name : _____ Date: _____

Mailing Address : _____

Email Address : _____

Home Phone Number : (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone : (_____) _____ - _____

Co-Owners Name : _____

Home Phone Number : (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone : (_____) _____ - _____

Preferred Method of Communication: _____

How did you hear about us?

- Drive-by/Sign Internet Friend/ Relative, _____ Other: _____

Patient Information

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.

Practice Name: _____

Phone Number: _____

City: _____ State: _____

Patient's Name : _____ Birth Date : _____

Species: (Dog, Cat, Other) _____ Breed: _____

Color : _____ Sex : _____ Spayed / Neutered : _____

Patient's Name : _____ Birth Date : _____

Species: (Dog, Cat, Other) _____ Breed: _____

Color : _____ Sex : _____ Spayed / Neutered : _____

We accept the following forms of payment:



Personal Checks, Cash