

Welcome to SylvaniaVET!

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Secondary Number: _____

Email Address: _____

Place of Employment: _____ Work Number: _____

Secondary Account Holder: _____

Phone Number: _____ Secondary Number: _____

Place of Employment: _____ Work Number: _____

Do we have your permission to text or email appointment reminders to you?

If so, which number should we use to text you? _____

Or, which e-mail address? _____

Opt out of Reminders (Please initial) _____

How did you hear about SylvaniaVET?

Drive By _____ Internet _____ Phonebook _____ Emergency _____ Former Client _____

Referral _____ Who may we thank for referring you? _____

Other _____ (Please explain) _____

Payment Policy: We accept cash, checks, credit/debit cards (with the exception of American Express), Care Credit, Metro Trade, or Trade Exchange. Payment is expected at the time of service, you may be asked to put a deposit down if your pet is requiring extensive medical attention. Please initial: _____

To ensure proper identification in the future, please provide Sylvania Vet staff with a copy of your driver's license upon your first visit to our office.

I understand and agree that it is the policy of SylvaniaVET to receive payment as services are rendered and that a deposit may be required if my animal is admitted to the hospital. Further, I understand that by bringing in an animal to SylvaniaVET, I accept full financial responsibility for any and all charges.

Signature _____ Date _____