

Burlington Veterinary Center New Client Information



Burlington Veterinary Center Client Information

Thank you for giving us the opportunity to care for your pet(s).
Please update the following information so that your pet(s) file will be complete.

(MR MRS MISS MS DR) _____

Primary Phone _____ **Work Phone** _____

Other Phone _____

Address _____ **City** _____ **State** _____

Zip _____ **E-mail:** _____

Spouse/Co-Owner (MR MRS MISS MS DR)

Work Phone _____ **Cell Phone** _____

Please list anyone other than the above who is permitted by you to authorize treatment (medical service or products provided by Burlington Veterinary Center) for your pet(s):

1. Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

2. Name: _____ **Relationship:** _____

Address: _____ Phone: _____

Current Pets Owned (name, breed, age):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

How did you learn about Burlington Veterinary Center?

Hospital Sign Facebook Person we may thank: _____
 Internet Web Page Other: _____

Payment Options:

Please be aware that ALL professional fees are due at the time services are rendered or when your pet is discharged from the hospital. We will gladly prepare a written estimate prior to services needed.

We do accept Cash, MasterCard, Visa, Discover, Debit & Care Credit cards and in state personal checks (with a valid CT driver's license). If you would like payment information kept on file please check here , and fill out information on reverse side.

Please complete the following information if your preferred payment will be by check:

CT Driver's license (not car marker plate) # _____
 Expiration _____

If you would like your credit card information kept on file for payment convenience:

I authorize Burlington Veterinary Center to use the following credit card as payment of fees incurred at this facility. The card is stored electronically within a secured payment processing system.

Circle Card type: Visa MasterCard Discover American Express

CSR: Swipe card and set up in Avimark

Signature of Cardholder: _____

Please list anyone else authorized to use this card _____

Signature of owner / responsible party:

Date:

Published by [Google Drive](#) – [Report Abuse](#) – Updated automatically every 5 minutes
