



6 Lewiston Road
West Gardiner, ME 04345

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Email: office@athomeveterinarycare.com

Thank you for giving us the opportunity to care for your pet(s). We'll be happy to answer any questions you may have to ensure the best care possible. Please take time to fill this form out completely.

Client Registration

Owner: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

Please list street address if mailing address is P.O. Box: _____

Employer: _____ Work Phone: _____

Fax: _____ Email: _____

Driver's License #: _____ State: _____ Spouse/Other Driver's License #: _____ State: _____

Spouse/Other Employer: _____ Spouse/Other Work Phone: _____

Emergency Contact: _____ Emergency Phone: _____

*How did you hear of us, from a friend or family member (please let us know their name so we can thank them)?

_____ or _____ ad in paper _____ ad on radio _____ Yellow pages _____ internet

* Why did you choose to use our service? _____ price _____ quality _____ convenience _____ reputation

* How are you planning to pay today? _____ Cash _____ Check _____ Charge (VISA, MasterCard, Discover) _____ Care Credit

* Do you have pet insurance? _____ Yes _____ No If yes, who is the provider? _____

* May we send a text message to the cell phone number provided above to confirm appointments and remind you of services that are coming due? _____ Yes _____ No

* Are you at least 18 years of age? _____ Yes _____ No If no we will need parent or guardian authorization to treat your pet(s)

AUTHORIZATION

I hereby authorize the Doctors of At Home Veterinary Care to examine, prescribe medication for and/or treat the pet(s) listed on the back of this page. I assume responsibility for all charges incurred in the care of this/these animal(s). I also understand that all professional fees are due at the time services are rendered and that a deposit may be required for some treatments. I also grant At Home Veterinary Care permission to post my pet(s) picture, story and medical information on social media. I also understand that there are closed circuit cameras in each exam room.

Signature of Owner or Agent: _____ Date: _____

PET INFORMATION
PLEASE FILL OUT AS COMPLETE AS POSSIBLE



Dog _____ Cat _____ Name: _____ Breed: _____

Coat Color: _____ Age: _____ Food Brand/Type: _____

Sex: Male Male Neutered Female Female Spayed Routine Medications: _____

Current Concerns: _____

Has your pet ever been Micro chipped? Yes _____ No _____ ID # _____



Dog _____ Cat _____ Name: _____ Breed: _____

Coat Color: _____ Age: _____ Food Brand/Type: _____

Sex: Male Male Neutered Female Female Spayed Routine Medications: _____

Current Concerns: _____

Has your pet ever been Micro chipped? Yes _____ No _____ ID # _____



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Has your pet ever been Micro chipped? Yes _____ No _____ ID # _____