



6 Lewiston Road
West Gardiner, ME 04345

Phone: (207)582-8800
Fax: (207)588-2134

Website: www.athomeveterinarycare.com

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: _____

Mailing Address: _____ City: _____ State: _____

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

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

Employer: _____ Work Phone: _____

Best Email Address to send appointment notes and reminders to: _____

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 you both receive \$20 referral credit)**

_____ 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 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)

*Please list all Pets in household:

AUTHORIZATION

I hereby authorize the Doctors of At Home Veterinary Care to examine, prescribe medication for and/or treat the pet(s) listed on my account. I assume responsibility for all charges incurred in the care of this/these animal(s). I understand that payment is due at time of service and that a deposit may be required for some treatments. If we invoice you, invoices are due and payable upon receipt. Accounts over 30 days past due are subject to 1.5% interest. If your account is placed for outside collection, you are responsible for all costs of collection. 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: _____