



Welcome!

SylvaniaVET

First/Last Name _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Employer _____ Work Number _____

Secondary Account Holder _____

Primary Phone _____ Secondary Phone _____

Employer _____ Work Number _____

New Clients Only

How did you hear of SylvaniaVET? (please choose one)

Drive By _____ Internet _____ Emergency _____ Former Client _____

Referral _____ Who may we thank for referring you? _____

Advertisement _____ What advertisement did you see/hear? _____

Would you like to be subscribed to our monthly newsletter? Yes No

Send to email listed above? Yes No If no, please provide us with the email you would like it sent to _____

PHOTO RELEASE: I grant to SylvaniaVET, the right to take photographs of my pet(s), and to copyright, use and publish the same in print and/or electronically. I agree that SylvaniaVET may use such photographs of my pet(s) with or without their name(s) and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, marking, and/or internet content. Yes you may take photos of my pet(s)

No, you may not take photos of my pet(s)

SylvaniaVET Policy: I understand that by bringing in an animal to SylvaniaVET, I accept full financial responsibility for any and all procedures performed. SylvaniaVET accepts cash, check, Visa, Mastercard, Discover, Wells Fargo Health Advantage, and Care Credit. Payment is due at the time of service. A deposit may be required if your pet needs extensive medical care. If for any reason, your account becomes delinquent additional charges may be applied.

*By signing below, you are agreeing to our payment policy and indicating that all information above is correct.

Signature _____ Date _____