

New Client Information Sheet (Please Print Legibly)

4113 Spring Garden Street Greensboro, NC 27407

Animal Medical Centre of Greensboro

Phone: 336-855-5821

Owner Name:_			Phone	Phone: ()		
	First:	Last:		,		
Home Address:						
	Number/Street		City	State Zip		
Email Address:						
(By providing your email a billing and estimate inform	address, you are giving Animal N nation and other practice related	Aedical Centre of Greensbord correspondence. We do NO	o permission to contact yo Γ give your email informa	ou regarding your pet's health and wellness visits, ation to any outside vendors or contacts.)		
O .	1	1		,		
Alternate Conta						
	Name		Phone #	Relationship to Pet Owner		
DET INFORMAT	TON (leal arm)					
PET INFORMAT	ION (velow)					
Pet Name:		Date of Birth:				
Breed.	Color:					
Diccu.						
Circle One: M	ALE or FEMALE	Neutered/S	payed? YES	or NO		
How did you he	ar about us?					
Passan(s) for you	an reigit ratith are to dore					
Reason(s) for you	ii visii wiiii us touay.					
		D	. 1.			
		<u>Payment F</u>				
				najor medical surgeries/special needs		
_	0 1			We offer applications for financing		
			2	ist for more details. We accept cash,		
	_			open accounts for patients, nor venient for you. If the animal we are		
0	ray", you are aware that		1 2	2		
beenig 10, was a st	ing , you are aware that	, sa are claiming co	inpiece intanciai les	spondibility for this per		
Signed:			Date:			
By leaving your signature,	, , ,	1 2	so agree to settle the balance	ces due at the time of pick-up or check out. You		
also agree to pay any addi	itional costs or charges necessary:	for the collection of any amo	ount(s) not paid when due	, **		

Thank You for choosing Animal Medical Centre of Greensboro. We look forward to being your partners in your pets' health and wellness.