Animal Medical Centre of Greensboro, PA
4113 Spring Garden Street
Greensboro, NC 27407
Phone: 336-855-5821

New Client Information Form

(PLEASE PRINT LEGIBLY)

Owner Name: _____ **Phone:** (_____)_____
First Last

Address: _____
Number/Street Apt/Suite City State Zip

Owners Date of Birth: _____/_____/_____ **Drivers License Number: _ State _____Number_____**

Email Address: _____

By providing your email address, you are giving AMCG permission to contact you regarding your pet's health and wellness visits, billing and estimates for treatment, and other practice related correspondence. We do NOT give your email information to any outside vendors or contacts.

Alternate Contact: _____
Name Phone Number Relationship to Owner

Alternate Contact Email: _____

Reason(s) for your visit with us today: _____
_____

PET INFORMATION:

	Pet #1	**Pet #2**	**Pet #3**
Pet's Name			
Date of Birth			
Male/Female Neutered/Spayed?			
Breed			
Color			
Name and location of most recent veterinary care			
Does your pet have insurance? If yes, what company?			

Full payment is required at the time services are rendered.

Deposits are required on all major medical surgeries, cases requiring hospitalization, and all emergencies unless previous arrangements have been made. We accept cash, check, Visa, MasterCard, Discover, and American Express cards.

We offer applications for financing through Care Credit. We do not offer in-house payment plans.

If the animal you are bringing in today is/was a "stray", you are aware that you are claiming complete financial responsibility for this pet.

Signature:_____**Date:**_____

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