

WELCOME

Best Friends Vet Care Client Information Form

Owner: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

Additional phone numbers (work, cell, etc.): _____

Persons authorized to request services: _____

****Payment In Full Is Due At Time Of Service****

I do hereby certify that I am at least 18 years old and will be financially responsible for any debt incurred on my account. My method of payment today will be:

Cash: _____ Check: _____ Credit Card: _____ Care Credit: _____

Signature: _____ Date: _____

Reminder Preferences

We have recently updated our software and now have the capability of sending vaccine reminders via postcard &/or e-mail. We can also send out an appointment reminder text if you'd like us to. Please verify your information and check the options you prefer.

VACCINE REMINDERS

I would like to receive vaccine reminders by postcard.

I would like to receive vaccine reminders by e-mail.

I would like to receive vaccine reminders by both mail and e-mail.

E-mail address: _____

APPOINTMENT REMINDERS

I would like to receive an appointment reminder via text.

Cell phone #: _____

Cell phone carrier (Verizon, AT&T, Etc.): _____

Signature: _____ Date: _____