

Welcome to the Down Maine Veterinary Clinic

Client Information

Your Name: _____ Significant Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

In case of emergency call: Home/Cell/Other _____

Would you like to activate a Pet Portal? This allows you to manage your pet's health online.

With a Pet Portal you can:

- Check your pet's vaccination status.
- Learn about our recommendations.
- Set up appointments and boarding.
- Purchase food and medicine.

No: ___ Yes: ___ E-Mail (required for Pet Portals): _____ @ _____ .com

Pet Information

Pet's Name	Species			Breed	Color	Age/DOB	Sex		Neutered?	
	Dog	Cat	Other				M	F	Yes	No
Pet's Name	Species			Breed	Color	Age/DOB	Sex		Neutered?	
	Dog	Cat	Other				M	F	Yes	No
Pet's Name	Species			Breed	Color	Age/DOB	Sex		Neutered?	
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	Dog	Cat	Other				M	F	Yes	No

All payments are due at the time of services rendered. We accept cash, checks and all major credit cards.

I agree to pay fees for services rendered at the time of discharge from the hospital or when the service is otherwise terminated. I agree to pay reasonable costs of collection in the event that collection efforts become necessary.

Signature: _____ Date: _____