



WELCOME TO CORINTH VETERINARY CLINIC

Please help us to get to know you:

Owner's Name _____ Spouse/Other _____

Address _____ City/State/Zip _____

_____ Home Phone # _____

Cell Phone # _____ Spouse/Other Cell # _____

Work Phone # _____ Spouse Work # _____

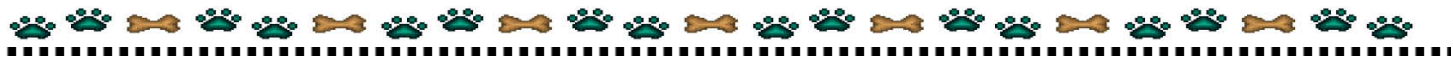
E-Mail Address _____

What would be the best time to contact you? _____

Preferred contact? Home Work Cell Spouse cell

May we contact you with email? Yes No

In Case of Emergency, call _____ at Phone # _____



Who can we thank for referring you? _____

 PLEASE NOTE THAT PAYMENT IS REQUIRED
AT THE TIME SERVICES ARE RENDERED. 

We will gladly provide you with a written estimate if you desire, just ask your technician, the receptionist or doctor.

Corinth Veterinary Clinic has my permission to release my pet(s) medical or vaccination information to boarding; grooming or other facilities if requested by said facility: YES NO

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY ANIMAL(S)

Signature _____ Date _____