

# New Client Form

## Lexington Veterinary Associates

### Hickory Tree Vet Hospital

118 S Village Drive  
Winston Salem NC 27127  
336-775-2303

### Jordan Vet Hospital

300 Highway 64 E  
Lexington NC 27292  
336- 249-3991

### Denton Veterinary Hospital

175 Haywood Street  
Denton NC 27239  
336-859-2828

### Client Information:

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ SSN: \_\_\_\_\_

### Spouse or Emergency Contact Information:

Name: \_\_\_\_\_

Address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Possible Telephone number(s): \_\_\_\_\_

Employer: \_\_\_\_\_ SSN: \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

If referred by a friend, please tell us who, so we know who to thank: \_\_\_\_\_

Primary reason for visit: \_\_\_\_\_

Number of Pets (Please specify species/breeds): \_\_\_\_\_

**HOSPITAL PAYMENT POLICY:** 1) PAYMENT IS REQUIRED WHEN TREATMENT IS PERFORMED AND BEFORE YOUR PET IS DISCHARGED. 2) NO PARTIAL PAYMENTS ARE ACCEPTED. ALL CHARGES ARE REQUIRED IN FULL AT TIME OF VISIT. 3) A DEPOSIT IS NECESSARY FOR ALL HOSPITALIZED PATIENTS.

**AUTHORIZATION:** I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all the charges incurred

in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_\_