

WELCOME TO THE SOUTH WILTON VETERINARY GROUP

If you have any records from a previous veterinarian, shelter, rescue, etc, kindly hand them to our reception staff at this time

Please circle: Are you a **NEW** client or an **EXISTING** client? If a **NEW** client, how did you hear about our practice? (Please provide a name if you were referred by one of our wonderful clients) _____

Your First & Last Name: _____

Please name anyone else whom you would like to add to your account: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone (Please circle: **CELL** or **HOME** or **WORK** number?) _____

Secondary Phone (Please circle: **CELL** or **HOME** or **WORK** number?) _____

Email address: _____

Previous Veterinarian & Hospital: _____

Pet's Name: _____ Species: _____ Color: _____

Date of Birth: _____ Or approximate age if DOB is unknown _____ years _____ months

Gender(circle): **MALE** or **FEMALE** or **UNKNOWN** Has your pet been spayed/neutered(circle): **YES** or **NO**

AVIAN/EXOTIC ONLY: How was your pet's gender determined, if known? _____

Is your pet microchipped? **YES** or **NO** or **UNKNOWN** Microchip # if known: _____

PAYMENT Please understand that payment is expected at the time services are rendered, or upon your pet's discharge from the hospital. In the event of an open balance, you understand that your outstanding balance will incur a monthly finance fee equal to 8% per annum, the maximum interest fee allowable by law in the state of Connecticut. A minimum deposit of one half of estimated hospital costs is required upon admission.

We do offer Care Credit, which is a credit card that can be used at most veterinary hospitals. You can apply right at our front desk, and find out in about five minutes if you are approved. If approved, you can use your Care Credit immediately, for both routine and emergency veterinary care.

MEDICAL RECORDS PRIVACY POLICY: South Wilton Veterinary Group maintains a privacy policy regarding our patients' medical records. We only release records to the person listed as the owner of the pet on our paperwork. If medical records are requested by an outside party, such as a kennel, groomer, new owner, or someone of unknown relation, we will need to get approval from the listed owner, prior to releasing any detailed information.

I agree to the terms and conditions stated in this document. I am the authorized party who will be responsible for making medical decisions, and providing payment for all services pertaining to the pet(s) on my account.

Signed: _____ Date: _____

