



MIDSTATE VETERINARY SERVICES, PLLC

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Client Information

Last Name First Middle Social Security / Drivers License

Street Address City State Zip

Home Phone Cell Phone Other

Email

Employer Work Phone

Work Address

Spouse's Name Employer

Work Address

Work Phone Cell Phone Email

How did you hear about us? [ ] Relative / Friend [ ] Phone Book [ ] Internet [ ] Other

In case of emergency - Relative/friend we can contact that does not live with you:

Name Relationship

Home Phone Cell Phone Other

I understand that unless otherwise pre-arranged, payment is expected at time of service. In addition I agree to be responsible for all charges and an interest of 1.5% per month or 18% annually for any charges not paid after 30 days.

Client Signature Date