

Welcome to Atlantic Veterinary Center

741 North Broad Street Middletown DE 10709

Client Information

Last Name: _____ First Name: _____ Mr./Mrs./Ms./Dr.

Spouse/Partner/other: _____ Mr./Mrs./Ms./Dr.

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (____) _____ Alt Phone(____) _____

Driver's License #: _____ (required if payment by check)

Pet/Patient Information

Email Address: _____

Do you wish to receive email reminders? Yes/No (Circle)

Patient's Name: _____ Birthdate: _____

Species: Cat/Dog/Bird/Reptile/other (circle)

Male or Female (circle) Spayed or Neutered Yes/No (circle) Color: _____

Hospital & Payment Policy

Our hospital policy is that payment is due at time of service. Payment can be in the form of cash, check, Credit Card (MasterCard, Visa, Discover). We can help you to apply for Care Credit Financing and information is available at our front desk. There is no hospital administered financing program. If you have pet insurance, payment is still due to Atlantic Veterinary Center at time of service. Please contact your insurance company regarding reimbursement.

Signature: _____ Date: _____

How did you hear about us? (Please circle all that apply)

AVC Web Site Location American K-9 SPCA/DE Humane Verizon Yellow pages

Other Vet Spring Mill Directory Client: _____