



Thiensville-Mequon Small Animal Clinic

Thank you for giving our hospital the opportunity to care for your pet(s)!. So that we may be better able to meet your needs, please complete the following:

New Client Information

Name _____ Spouse Name _____

Address _____

City _____

State _____

Zip _____

Phone Numbers:

Home _____

Cell _____

Work _____

Employment _____

Spouse Cell _____

Spouse Work _____

Spouse's Employment _____

E-mail address(es) _____

(We use your e-mail address to send patient medical notes, or updates if you opt to receive it.)

How did you become aware of our hospital? _____

If you were referred, please note the name of the person that referred you: _____

Don't forget to fill out a new [patient form](#) for *each* one of your pets!

Terms of Service

PAYMENT IN FULL is required at the time services are rendered. We accept cash, checks, VISA, MasterCard, American Express and Care Credit as forms of payment All information I have provided here is true to the best of my knowledge. I have read and understand the Terms of Service.

Signature _____ Date _____

Phone: 262-238-5060

Fax: 262-238-5070

E-mail: thiensvillemequon@nvanet.com