

Wright Veterinary Service, LLC
2444 Kingman Ave. Kingman, AZ 86401
928-718-1300 Fax 928-753-7797

Darla J Wright, DVM

NEW CLIENT INFORMATION FORM

Please fill out the following: **Senior Citizen/Military - Y or N**

First Name: _____ Last: _____

Spouse/Authorized Agent: _____

Mailing Address: _____

City, State: _____ ZIP: _____

Home Phone: (____) - _____ - _____ Cell Phone: (____) - _____ - _____

Email Address: _____

Occupation: _____

Employer: _____ Work PH: (____) - _____ - _____

Spouse's Occupation: _____

Employer: _____ Work PH: (____) - _____ - _____

Driver Lic. #: _____ Last 4 Soc.Sec #: _____

PET INFORMATION

(1) Pet's Name: _____

Species: Circle One - DOG, CAT, HORSE, OTHER _____

Sex: Female, Male, Spayed, Neutered

Breed: _____ Color: _____

Birth Date: Month: _____ Day: _____ Year: _____ /Estimated Age: _____

(2) Pet's Name: _____

Species: Circle One - DOG, CAT, HORSE, OTHER _____

Sex: Female, Male, Spayed, Neutered

Breed: _____ Color: _____

Birth Date: Month: _____ Day: _____ Year: _____ /Estimated Age: _____

I understand that Wright Veterinary Service LLC does NOT offer credit: any and all fees are due and payable at time of service. I also understand that if my account is turned over for collection, I will be charged any and all collection and/or attorney's fees. Your appointment time is reserved especially for you. Please call or e-mail to cancel your appointment at least 24 hours prior to your scheduled appointment.

- If you do not cancel within 24 hours or show up to your scheduled appointment with the doctor there will be a \$50.00 no show fee charged to your account.
- If you do not cancel within 24 hours or show up to your scheduled appointment with the technician there will be a \$20.00 no show fee charged to your account.

Authorization of Responsible Party:

Signature _____

Date _____