



**NEW CLIENT FORM**

**MILL POND VETERINARY CLINIC  
2255 MILL POND ROAD  
QUAKERTOWN, PA 18951  
215-536-4443**

**CLIENT INFORMATION:**

Client Name: \_\_\_\_\_  
Spouse/Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

How did you first hear of our practice? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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**PAYMENT INFORMATION:**

Ensuring that our patients receive high quality care is the goal of our practice. To help us be able to perform such care, payment is due at the time of treatment. We accept cash, check, and major credit cards. We also have a payment plan called CareCredit that allows you to start treatment today and spread out payments over time. If CareCredit seems like a possible payment option, applying only takes a few minutes, and there is no fee to apply.

Please indicate below the form of payment you choose to settle your account (check one):

**PAYMENT OPTIONS**

CASH OR CHECK

MAJOR CREDIT CARD

CARECREDIT (subject to credit approval. If credit application is declined, another form of payment Listed above is required).

\_\_\_\_\_  
Signature of Client/Responsible Party

\_\_\_\_\_  
Date