

New Client Information

(print and bring completed form with you, or fax to 301-631-6999)



5322 New Design Road • Frederick MD 21703
301.631.6900 • www.kingsbrookvet.com

Primary Owner

First Name _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Mobile Phone _____ Other Phone _____

May we send text messages to your mobile number? Yes No Home Work

E-mail Address _____

Vaccination and other reminders are sent electronically. Providing your e-mail address allows us to make sure your pet gets the preventative care they need. We also send health alerts and periodic bulletins. We will never sell or give out your e-mail address.

Preferred method of communication: Text E-Mail Phone

Spouse/Co-Owner

First Name _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Mobile Phone _____ Other Phone _____

Home Work

Please let us know how you heard about Kingsbrook Animal Hospital

Individual. Someone we may thank? _____

Website / Internet Hospital Sign Brochure/Mailer

Community Event _____ Other _____
(which one) (please specify)

Notices

Payment is due at the time services are rendered. Balances not paid in full will be subject to additional collection fees and/or attorney's fees incurred in the collection process. There is a \$35 fee for returned checks.

Refill requests will need 2 business days to be filled. Special orders have been taking longer.

Unless directed otherwise, Kingsbrook Animal Hospital, its representatives and employees reserve the rights to take photographs of clients and their pets, and to copyright, use & publish the same in print and/or electronically for the purposes of publicity, illustration, advertising.

Print Name _____ Signature _____ Date _____

Kingsbrook Animal Hospital does not provide 24 hour supervision.

