

Welcome to VCS New England

New Patient Form



About You

Pet Parent Name 1 *

Pet Parent Name 2

Primary Phone *

Secondary Phone

If-you-can't-reach-us-there number

Email Address *

Preferred communication channel:

Phone Text Email

Street Address

City

State Zip

Please add me to your mailing list

About Your Pet

Pet Name

Species

Breed

Gender

Spayed or Neutered

Age Weight

Patient Medical Info

Cancer Diagnosis

Current Medications

Current Supplements

Do you have pet insurance? Y / N

If so, which plan do you have?

Primary Veterinary Care

Physician Name

Practice or Clinic Name

Authorization

I/We give consent and authorization to the veterinarians and technicians at VCS New England to treat my/our pet. This may include medical examinations, diagnoses, prescriptions, and procedures that they believe are in the best interest of the animal. There is no guarantee or warranty on these services.

I/We agree to pay the VCS New England fees upon completion of each visit. VCS New England accepts cash, credit cards, or Care Credit. (We are unable to offer payment plans.)

I/We give media consent for VCS New England to use photographs or video of our pet on Facebook, web site, or brochures.

Printed Name

Signature Date