

**SALAZAR ROAD VETERINARY CLINIC
1025 SALAZAR ROAD
TAOS, NM 87571
(575) 758-9111**

CLIENT INFORMATION SHEET

FIRST AND LAST NAME

PARTNER'S NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

PARTNER'S WORK PHONE

CELL PHONE

PARTNER'S CELL PHONE

E-MAIL ADDRESS

PLACE OF EMPLOYMENT

PARTNER'S PLACE OF EMPLOYMENT

*IF NECESSARY, MAY WE CALL YOU AT WORK? YES _____ NO _____

DATE OF BIRTH: _____

PREVIOUS VETERINARIAN

PHONE

ARE YOU A SENIOR CITIZEN, OVER THE AGE OF 65? YES _____ NO _____

PAYMENT POLICY: FULL PAYMENT IS REQUIRED UPON THE RENDERING OF SERVICES. DEPOSITS ARE REQUIRED ON MAJOR MEDICAL/SURGICAL/TRAUMA CASES AND EMERGENCY WORK WHERE HOSPITALIZATION IS REQUIRED. WE ACCEPT CREDIT OR DEBIT CARDS, VISA, MASTERCARD OR DISCOVER, CARE CREDIT, CASH OR CHECK. IF YOU ARE PAYING WITH A CHECK, A DRIVER'S LICENSE WILL BE REQUIRED.

I AGREE TO PAY ANY COSTS AND CHARGES NECESSARY FOR THE COLLECTION OF ANY AMOUNT PAID WHEN DUE.

OWNER'S SIGNATURE

DATE

OFFICE USE ONLY:

CLIENT I.D. # _____