

Plaistow-Kingston Animal Medical Center, Inc.

48 Route 125
Kingston, NH 03848
603 642-9700

Client Registration Form

Please Print Legibly

About Yourself:

Title: (Please circle) Mr . Mrs. Ms. Dr. Rev. Other: _____

First Name M.I. Last Name

Street Address City State

Zip Code Driver's LicenseNumber/State

Your Home Phone Your Work Phone Your Cell/Other Phone

Co-Owner Name Co-Owner Work Phone Cell/Other Phone

Place of Employment

If you would like to receive Email reminders when procedures and vaccines are due please provide Email address: _____

Are you a Senior Citizen? (over age 65?) Yes No Member of the Military? Yes No

Name of previous veterinarian where we can request records?

We accept Cash/Check/Credit Card/Debit/CareCredit

Informed Consent: I will assume full responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE WHEN SERVICES ARE RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED OR BOARDED PET. If full payment is not made as required, Plaistow-Kingston Animal Medical Center has my permission to obtain credit information from an authorized agency to aid in collections. 1.5% Monthly Finance charge and \$4.00/month billing over 30days.