



NEW CLIENT INFORMATION

Archie Kleopfer, DVM
Home Veterinary Care
Veterinary Care Clinic
1847 Aragon Avenue, Suite #1
Lake Worth, Florida 33461
Phone: (561) 547-8888
Fax: (561) 547-6428

NAME _____ CELL _____
(LAST) (FIRST)

SPOUSE _____ CELL _____

ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____

DRIVER'S LICENSE # _____ STATE _____

PREVIOUS VET: NAME _____ PHONE # _____

DATE OF LAST VAX: _____ REFERRED BY _____



I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges are due and payable at the time of service. I understand that any amount more than 30 days past due will be subject to 1.5% interest per month. In the case of default, I promise to pay and legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.

Signature X _____

Date _____