

MANCHESTER VETERINARY SERVICES

NEW CLIENT REGISTRATION FORM

Client Information:

Last Name _____ M.I. ____ First _____

Other name to have financial privileges with / be associated with account:

Last _____ M.I. ____ First _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____

Zip: _____

Phone: () _____ - _____ Home Number

() _____ - _____ Cell Number

() _____ - _____ Other - _____

Driver's Lic. Number/State: _____ (for check writing)

E-mail address (optional – see below) : _____

_____ I wish to have reminders about my pet's vaccines and exam due dates emailed to me when they are approaching

_____ I wish to have email messages sent in the case of an emergency, such as the recall of a medication or vaccine that my pet has received, or a public & pet health-related animal situation

We will never lend, rent, or sell any of our client's email addresses. We will only use them in the context specified above, and only with your approval. To change your preferences, or to update your email address, you may call us at any time.

For Office Use Only: Client Account # _____