

Welcome to Atlantic Veterinary Center

741 North Broad Street Middletown DE 19709

Client Information

Last Name: _____ First Name: _____ Mr./Mrs./Ms./Dr.

Spouse/Partner/other: _____ Mr./Mrs./Ms./Dr.

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (____) _____ Alt Phone(____) _____

Email Address: _____

Pet/Patient Information

Patient's Name: _____ Birthdate: _____

Species: Cat/Dog/Bird/Reptile/other (circle)

Male or Female (circle) Spayed or Neutered Yes/No (circle) Color: _____

Hospital & Payment Policy

Our hospital policy is that payment is due at time of service. Currently, payment is only accepted over the phone, in the form of Credit Card (MasterCard, Visa, Discover) or Care Credit. We can help you to apply for Care Credit Financing upon request. There is no hospital administered financing program. If you have pet insurance, payment is still due at the time of service. Please contact your insurance company regarding reimbursement. Please initial here indicating that you have read and understand our payment policy. _____

Signature: _____ Date: _____

How did you hear about us? (Please circle all that apply)

AVC Web Site Location American K-9 SPCA/DE Humane

Other Vet Spring Mill Directory Client: _____