

Maul Road Animal Clinic

1249 Maul Road Camden AR 71701
Betty S. Rigby, DVM



CLIENT INFORMATION SHEET

** must be completed*

*Your Name: _____ Referred By: _____

*Address: _____ City: _____ Zip: _____

are you in the Camden city limits? Y _____ N _____

*Employed By: _____ *Soc Sec or Driv Lic. # _____

*Phone Number: _____ *Work Phone: _____ Email: _____

*Payment Method: Cash _____ Check _____ Credit Card _____ Debit Card _____

In accordance with national identity theft prevention guidelines, we now require either a copy of your driver's license or state ID to be kept on file.

**We take pride in the quality of service and medical care we are responsible for providing for your pet. In an effort to maintain these standards and keep your cost at a reasonable level-
PAYMENT IN FULL IS REQUIRED AT THE TIME OF SERVICE.**

CHARGING is NOT a payment option. A deposit may be required to leave your pet with us. If payment is a problem, please let us know BEFORE any services are provided.

Spouse's Name: _____ SS/License/State ID # _____

Employed By: _____ Work Phone: _____

PET INFORMATION

Pet's Name	Breed	Sex	Neutered	Age	Color
_____	_____	M or F	Y or N	_____	_____
_____	_____	M or F	Y or N	_____	_____

Is your pet on any heartworm prevention? Y or N Is your pet current on vaccinations? Y or N
Does your pet have any special medical conditions? (Allergies, heart condition, etc. . .)

I agree to pay for the professional services and medications as they are rendered. The information on this form is true and accurate. I also agree that MRAC, or an agent of, may contact me at my cell phone number in order to service my pets or account.

***Signature** _____ ***Date** _____