



6030 Route 82, Suite A Stanfordville, NY 12581  
P: (518)398-5353 Email: [bentleyvet@gmail.com](mailto:bentleyvet@gmail.com)

DR. ISAAC M. ANGELL

DR. JULIE B. CLAS

DR. ERIN HOMEROSKY

## **New Client Form**

### **Client Information:**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### **Payment:**

**Policy:** New clients are required to pay for veterinary services at the time of service by cash, check, or credit card. After a client relationship has been established, with good payment history, a credit account may be requested.

Once a credit account has been established, Bentley Vet Practice requires a credit card number and authorization signature to be kept on file. Any payments that are over 30 days will automatically be charged to your card.

Bentley Vet Practice holds the right to revoke the credit account status at any time once a credit account status has been established.

Type of card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVI: \_\_\_\_\_

Signature: \_\_\_\_\_

- I would like my credit card charged automatically for veterinary services. \_\_\_\_\_ (initial)

### **Animal Information:**

Animal's Name: \_\_\_\_\_

Animal's Location: \_\_\_\_\_

Species: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Breed: \_\_\_\_\_