

MANCHESTER VETERINARY SERVICES

NEW CLIENT REGISTRATION FORM

If you already used the Client/Patient Information Submission Portal on our website, you do not need to fill this form out.

Client Information:

Last Name _____ M.I. _____ First _____

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

Last _____ M.I. _____ First _____

Last _____ M.I. _____ First _____

Mailing Address: _____

P.O. Box Number: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____

Phones: Primary Name: _____ Number () _____ - _____

Secondary Name: _____ Number () _____ - _____

Other Name: _____ Number () _____ - _____

Email Address: _____

_____ 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, a public & pet health-related situation, or in the case of need-to-know clinic information.

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.