



6793B McAlpine Street, Lyons Falls NY 13368

(315) 248-6389

littlefriendsvet@gmail.com

www.littlefriendsvet.com

New Client Information:

Name: _____ Email: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Cell phone: _____

Work/Alt phone: _____

Emergency Contact (name and phone): _____

How did you hear about us? _____

Financial Policy:

**Payment is due at the time services are rendered. You are responsible for all charges incurred, understand that a deposit may be required for hospitalization and/or treatment and agree to pay for all services and fees. Cash, local authorized checks and major credit/debit cards are accepted. A minimum of \$20.00 will be charged for any returned checks. We do not provide credit or delayed billing of any sort. We kindly request 24 hours' notice to reschedule appointments. No call/no show may incur a fee of \$40.

Signature: _____ Date: _____

Parent/Guardian if under 18 (name and signature):

Social Media/photo release:

Please sign below if you agree to allow your pet's photo to be shown on Little Friends Veterinary Services, PLLC website or social media (Facebook, etc.).

Signature: _____ Date: _____

**Please be sure to fill out a pet information sheet as well.