



Bardstown Veterinary Clinic

Client Update Form

Your Name: _____ Spouse: _____

Address (include City & zip): _____

Home Phone #: _____ Cell Phone #: _____

Preferred Method of Contact: Home Phone / Cell Phone / E-mail / Text

E-mail Address: _____

SS # _____ DL # _____ DOB: _____

Place of Employment: _____ Phone #: _____

Please list all pets in the household:

Name	Species (Dog/Cat)	Male/Female Neutered/Spayed	DOB or Age	Color

We set aside dedicated time for you and your pet that is for you and you alone. We understand that unplanned issues may arise. If you find it necessary to cancel, we respectfully ask that you provide 24 hours advance notice so that we may offer this appointment time to another patient. Without proper notice, you may be charged a \$25.00 fee. We reserve the right to not schedule you any more appointments after several short notice/no show appointments.

If you are more than 10 minutes late for your scheduled appointment, you may be asked to reschedule.

Please be aware that **payment is expected at time of service**. We accept cash, check, MasterCard, Visa, Discover, American Express and Care Credit.

Signature _____ Date _____