



Lexington-Bedford Veterinary Hospital

Welcome to Lexington-Bedford Veterinary Hospital!

For your convenience, forms can be emailed to lexingtonbedfordvh@yourvetdoc.com or faxed to (781) 862-1122 prior to your first appointment. You can also print and bring them to your appointment.

Client Information

Name (Last, First): _____ Preferred Pronouns _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone: _____ Secondary phone: _____

Email address: _____

Co-owner/spouse name: _____

Would you like to receive reminders via email? Yes No

Would you like to receive reminders via text? Yes No

Do you grant us permission to post photos of your pet(s) on social media or our website? Yes No

How did you hear about us (please check all that apply)?

_____ Client Referral _____ Internet _____ Advertisement _____ Sign/Drive by _____ Other

Client referral name: _____

Please initial to acknowledge that you have read each of the policies below:

_____ I am aware that payment is due at the time of service for all treatments, medications and products. I understand that I am always welcome to request an estimate for proposed services prior to authorization.

_____ I certify that all listed owners are at least 18 years of age. By listing a co-owner, I give my permission for that person to authorize treatment of all my listed pets, and accept full responsibility for any associated charges.

_____ I understand that for the safety of our patients, clients, and staff, all dogs are required to be on leash, and all other pets must be confined to a carrier while in our waiting areas.

_____ I understand that all new clients must make a down-payment equal to the exam cost that is non-refundable if the appointment is cancelled with less than 48 hours notice, am late for the scheduled appointment or do not show up for the appointment.

_____ I understand that poor appointment attendance including frequent rescheduling with less than 24 hours notice, arriving late to a scheduled appointments and/or not showing up to a scheduled

appointments without notifying the office could result in the hospital requiring a down payment equal to the amount of the exam cost to be paid in order to schedule future appointments. This down payment will not be refundable if the office is not notified regarding changes needed to be made regarding the appointment time or date with less than 24 hours notice.

Client signature: _____ Date: _____