



Lexington-Bedford Veterinary Hospital

Welcome to Lexington-Bedford Veterinary Hospital!

For your convenience, forms can be emailed to info@lexingtonbedfordvet.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):

Address:

City:

State:

Zip code:

Primary Phone:

Secondary phone:

Email address:

Co-owner/spouse name:

Spouse/Co-Owner Number:

Is there anyone else you would like to be able to bring your pet in for any future appointments? (Must be 18+): _____

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

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.

Client signature: _____ Date:

Staff Initials:

Verified:

Scanned: