



Goodfriends Veterinary Clinic

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GoodfriendsVet@aol.com

Welcome to Goodfriends Veterinary Clinic!

How we feel about you and your pet is reflected in both our name, and in the personal interest taken by our staff to best serve our patients and their families. We ask you for the following information in the interest of serving you well.

Today's Date: _____ / _____ / _____

Your Name: (Mr. / Mrs. / Miss / Ms. / Dr.) _____

Spouse / Co-Owner's Name: (Mr. / Mrs. / Miss / Ms. / Dr.) _____

Address: _____
Street *Apartment / Unit Number*

_____ *City* *State* *Zip Code*

Telephone Numbers: (_____) _____ - _____ *Home* (_____) _____ - _____ *Work*
(_____) _____ - _____ *Cell*

E-mail Address: _____

Your Place of Employment: _____

Driver's License State and Number: _____

How did you choose Goodfriends Veterinary Clinic?

- Yellow Pages / Phonebook
- Recommendation by family or friend.
- Other advertisement
- Who can we thank? _____
(We give \$5 credits to clients who refer new clients!)
- Welcome Letter
- Drove by clinic
- Internet
- Location
- Other: _____

- If you have reached your 65th birthday, you are eligible for our 10% Senior Discount; please check this box.
- If you or your spouse are an active or retired member of the military you are eligible for our 10% Military Discount; please check this box

*We accept cash, checks, Visa, MasterCard and CareCredit.
Payment is expected at the time of service unless prior arrangements have been made.*