

# Syracuse Veterinary Service

Donald L. Sweat DVM  
New Client Form - 2013

<b>Name:</b>	
<b>Physical Address:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Primary Phone:</b>	Home: _____ Cell: _____
<b>Spouse/Significant Other:</b>	

E-mail Address \_\_\_\_\_

### Option A:

I will pay in full with cash or credit card (**no checks**) and will permanently forgo extended credit.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Option B:

I will pay with cash, credit card, or check, and may request extended credit.

<b>Employer:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Primary Phone:</b>	

<b>Financial Institution:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	

I hereby certify that the information contained here is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Syracuse Veterinary Service in order to verify the information contained herein.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Copy of Drivers License on Reverse Side)

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