



Somerset Veterinary  
Group, P.A.

## Client/Pet Verification Form

*Please help us keep your records up to date*

Client Name: \_\_\_\_\_  
Last name First Name

Address: \_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_  
Home Cell

\_\_\_\_\_  
Work Other

Check if you are 65 years or older.

Pet(s) Name(s): \_\_\_\_\_  
\_\_\_\_\_

List additional pets in your household on the back of this paper

Email\*: \_\_\_\_\_

\* We have updated our website [www.somersetvetgroup.com](http://www.somersetvetgroup.com). One of the upgrades is called **Pet Portals**. This allows you to view and manage your pet's information including vaccine reminders and medications. You will be able to receive email reminders, request appointments and request prescription refills. There is a library of educational information based on the breed and age of your pet(s). We will also be sending communications about upcoming events or specials via email.

For Office Use:

Updated computer  Updated Pluckemin records  
 Updated Bridgewater records  Multiple pet records \_\_\_\_\_Initials