

Thank you for giving us the opportunity to care for your pet(s). We will be happy to answer any questions that you may have about your pet's health. To ensure the best care possible, please take the time to fill in the requested information completely. We are excited to welcome you to our practice!

Name: _____ Gender: _____ Date of Birth: _____

Spouse: _____ Gender: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip code: _____

Primary Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Carrier: _____

E-Mail Address: (print clearly) _____ Used for reminders/appointment communications

Alternate Contact _____ Phone: (____) _____ - _____

How were you referred to our office? _____

Previous Veterinary Hospital: _____ May we request records: _____

ESSENTIAL PET INFORMATION

| Name | Breed | DOB | Sex | Spayed/ Neutered | Color | Any Previous Reactions Vaccines Medication |
|------|-------|-----|-----|---------------------|-------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TERMS OF SERVICE

Mountain View Veterinary Services requires payment in full at time of service. A treatment plan with estimated costs is available upon request.

Please note we do not offer any form of billing.

By signing below, you authorize your pet's medical records to be release to city/state officials, requesting veterinarians/clinics/hospitals and your pet's name and photo to be used on social media and/or other hospital publications.

As legal owner or responsible agent of the above animal(s), I certify that all information that I have provided here is true to the best of my knowledge. I have read and understand the Terms of Service.

Signature

Date