



Welcome to our hospital! We look forward to caring for your pets! We have a few questions to get us better acquainted...

Client Information

Last Name	First Name	Spouse/Sig. Other	
Street Address	City	State	Zip
Home Phone	Cell Phone	Other Phone	
Employer	Employer Address	Employer Phone	

Email

I would like to receive Mountain View Veterinary Hospital's quarterly newsletter, surveys, and coupons via email.

Preferred Method of Contact		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text	Call	Email

Patient Information

Pet Name _____

Dog Male/Female

Cat Spayed/Neutered/Intact

Please circle

Breed _____ **Age** _____ **Color** _____

Is your pet aggressive? Yes No

Is your pet microchipped? Yes No

Authorization for Treatment and Financial Policy

- I certify that I am 18 years of age or older and do hereby authorize the veterinarian to examine my pet.

Owner Initials_____

- I understand that payment is required at the time of service unless other payment arrangements are made in advance. I further understand that a deposit may be required prior to any treatment or hospitalization.

Owner Initials_____

- I hereby release Mountain View Veterinary Hospital of all liability in the event of injury, bite, fall, or other circumstance that might cause injury to myself or another member of my family/party while they are a visitor or patron of this hospital. I assume all risks and will take all necessary precautions regarding safety.

Owner Initials_____

Method of Payment (please circle)

Cash

Credit/Debit Card

Care Credit

(*At this time we are unable to accept checks*)

Signature of owner or responsible agent_____

Date_____

How did you hear about us?_____