



Thank you for giving us the opportunity to care for your pets. So that we may be better able to meet your needs, please complete the following information.

Please note that any co-owners listed on the account are authorized to make medical decisions, including end of life decisions.

Owner Name: _____ **DOB:** _____

Spouse/Co-Owner(s): _____

Address: _____ **City:** _____ **Zip:** _____

Primary Phone: _____ **Cell** _____ **Home** _____ **Other** _____

Secondary Phone: _____ **Cell** _____ **Home** _____ **Other** _____

Other Phone: _____ **Cell** _____ **Home** _____ **Other** _____

Employer Name & Address: _____

Email Address: _____

Best Method of Contact: Phone _____ Email _____ Text Message _____

How did you find out about our hospital? (Check all that apply. If you were referred by a current client, please tell us who so we can thank them!)

_____ **Current client** _____ **Location** _____ **Facebook** _____ **Internet search**

_____ **Referral** **Who may we thank?** _____

_____ **Internet review** **Please specify site (google/yelp/etc.)** _____

Photo Consent:

We love social media! Do we have your permission to share your pet's image and story on social media, our website & other forms of related media? Your name and personal information will never be shared.

_____ **Yes. I authorize MVAH to share my pet's photo & story**

_____ **No. I do not authorize this.**

Please turn over 

Acct # _____

Boarding Facility:

I routinely use the boarding facility listed below for my pet(s). I give permission to MVAH to release any relevant medical information to the boarding facility if necessary.

Name of Facility

Phone Number

Consent for Emergencies/Release of Medical Information:

I give permission for the individuals named below to obtain medical information for my pet(s) and to seek emergency treatment for my pet(s) in the event that I am unable to do so. I understand that, as the owner, I am financially responsible for any and all services rendered.

Name

Phone Number

Name

Phone Number

Name

Phone Number

Terms of Service:

PAYMENT IN FULL is required at the time services are rendered. We accept cash, checks, Visa, MasterCard, Discover and Care Credit as forms of payment.

I, the undersigned, agree to pay for veterinary services in a timely manner. I understand that fees on accounts unpaid after 30 days will be 1.33% per month with a minimum monthly charge of \$3.00. I agree to be responsible for payment of all collection and reasonable attorney fees incurred should this account be submitted for collection.

Client Signature

Date

Spouse/Co-Owner(s)

Date