**PLEASE FILL OUT ADMISSIONS FORM COMPLETELY**

**OWNER INFORMATION**

Last Name:_____First:_____MI:_____

Street Address (No P.O Box)_____

City & County:_____Zip:_____

Home Phone (_____)_____-_____Work Phone:(_____)_____-_____

Cell Phone( _____)_____ Soc. Sec No:_____

Drivers License #: _____Issuance State: _____ Exp.Date: _____

Place of Employment: _____E-mail_____

**SPOUSE OR CO-OWNER INFORMATION**

Last Name:_____First:_____MI:_____

Home Phone(_____)_____-_____Work Phone:(_____)_____-_____

Cell Phone (_____)_____ Soc. Sec. No.:_____

Drivers License #:_____Issuance State:_____Exp.Date:_____

Place of Employment:_____E-mail_____

**PET INFORMATION**

Pet #1 Name:_____Species (i.e. Dog, Cat):_____

Breed (i.e. Lab, Siamese):_____Color:_____

Sex:_____Age:_____Is Your Pet Spayed Or Neutered? YES NO

Pet #2 Name:_____Species (i.e. Dog, Cat):_____

Breed (i.e. Lab, Siamese):_____Color:_____

Sex:_____Age:_____Is Your Pet Spayed Or Neutered? YES NO



***Payment Is Due At Time Of Service. We Accept Cash, Personal Checks, Mastercard, Visa, and Veterinary Pet Insurance.***

I hereby certify that I am the owner of this animal and/ or that I am authorized to provide for its care. I also understand that I am responsible for paying for the veterinary services to be rendered for this animal. My signature below also signifies that the spouse/ co- owner listed above is also responsible for paying for these services. I hereby authorize the doctor and the designated assistants to administer treatment as is considered therapeutically and/ or diagnostically necessary based on findings during the medical examination. I understand that my signature authorizes the use of anesthetics and/or performance of medical and surgical procedures as deemed necessary **FOLLOWING DISCUSSION** with the veterinarian and his/ her designated agent. I further understand that **NO GUARANTEE OR ASSURANCES** have been made as to the outcome of this care. I understand that Roanoke Valley Mobile Vet does not provide hospitalization of animals. I agree to assume **FINANCIAL RESPONSIBILITY** for all charges incurred by the animal I have presented. I consent to release medical information and to authorize direct payment to Roanoke Valley Mobile Vet, LLC. I realize that any delinquent accounts or returned checks will result in added charges to my bill. I further understand that such accounts will be sent through proper legal channels for collection resulting in collection fees up to $200.00, plus all lawyer and court fees, plus finance charges of at least 18% per annum from the date of service until the debt is paid in full. In addition, I realize that any future services may be suspended for failure to pay or for behavior deemed disruptive or dangerous to clinic staff or other patrons.

X_____ _____

**Signature of Owner or Responsible Party** **Date**