

Welcome to Mountain View Veterinary Hospital

Owner Name: _____ Profession: _____

* Contact Info (circle primary): Cell _____, Work _____, Home _____

Spouse/Additional Owner Name: _____ Profession: _____

* Contact Info (circle primary): Cell _____, Work _____, Home _____

Address: _____

Primary E-mail Address:

(for reminders, newsletters, Pet Portal access): _____

Whom may we thank for referring you/how did you hear about us?

(friend/vet's name, location, website, vetstreet.com, etc): _____

Patient Information

Pet Name: _____

Age/Birthdate: _____ Sex: _____

Spayed/Neutered: _____

Breed: _____ Color: _____

Pet Name: _____

Age/Birthdate: _____ Sex: _____

Spayed/Neutered: _____

Breed: _____ Color: _____

Previous Veterinary Clinic Name: _____

Phone: _____ Pet Insurance Provider: _____

All professional and medical services must be paid in full at the time they are rendered.

We do not accept personal checks. _____ (initial here)

We accept credit cards, debit cards and cash.

Please visit our website (www.mountainviewvethospital.com) for details on all of our hospital policies.

As a pet guardian, you will be held liable for the financial responsibility of services that are performed for each pet. Unpaid balances will be recovered as deemed appropriate by Mountain View Hospital management and may incur a \$30.00 administration fee. A 1.5% monthly interest fee will be charged on all unpaid balances.

I understand and abide by the above statements.

Signature: _____ **Date:** _____

We often use patient pictures for our website or Facebook. We may also use medical cases for veterinary journals or publications. Your initials give MVVH authorization to release portions of your pet's medical history and record, including personal recollections, radiographs, photographs, videotape images or other images for use in the print media, on a brochure, the MVVH website, social media outlets, and veterinary publications. You also agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information.

Approve: _____ **(initial here)** **Decline:** _____ **(initial here)**

For hospital use: Client ID: _____ / Patient ID(s): _____

Address correct / Phone numbers entered / E-mail entered in CS / Scanned

Referral entered / ID card made Change client classification to email only Profession