



Welcome to MSAC

Thank you for giving us the opportunity to care for your pet(s). Please take a moment to share some important information about you and your pets that we'll need to serve you, today and in the future. Please print in all spaces that apply. Thanks.

Primary Caregiver Information

Name: _____ Spouse/Partner: _____

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

E-Mail Address: _____

Employer: _____ Spouse/Partner Employer: _____

Contact Numbers (please note primary with *)

Home: (____) _____ - _____ Mobile: (____) _____ - _____ Work: (____) _____ - _____

Partner's Mobile: (____) _____ - _____ Partner's Work: (____) _____ - _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Phone Number: (____) _____ - _____

Payment Options: Cash, Check, All Major Credit Cards, CareCredit (www.carecredit.com)

All professional fees are due at the time services are rendered. Written estimates can be made available prior to services provided. Checks are only accepted with proper identification and an approval code from our check verification system.

Your signature below verifies that you have read and understand the above policies and agree to take financial responsibility for the treatment of your pet(s).

Signature of Responsible Caregiver: _____ Date: _____

How/Why did you select Mt. Scott Animal Clinic?

Yellow Pages ☐ Internet ☐ (which site? _____) Referral ☐ (name _____) Drive-by ☐

Other ☐ (please describe _____)

Please list ALL the pets in your household, including the pet(s) being seen today (please exclude the names of pet fish☺):

1. Name _____ Dog ☐ Cat ☐ Other ☐ (Type: _____)

2. Name _____ Dog ☐ Cat ☐ Other ☐ (Type: _____)

3. Name _____ Dog ☐ Cat ☐ Other ☐ (Type: _____)

4. Name _____ Dog ☐ Cat ☐ Other ☐ (Type: _____)

5. Name _____ Dog ☐ Cat ☐ Other ☐ (Type: _____)