



# NEW PATIENT INFORMATION

[www.yourvet.vetsuite.com](http://www.yourvet.vetsuite.com)

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(Sorry, but we do not accept checks as a form of payment)

## OWNER INFORMATION

Please note: Government-issued picture identification will be requested to verify identity for establishing an account.

Mr \_\_\_ Mrs \_\_\_ Ms \_\_\_ Dr \_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Do you prefer to be referred by: First Name \_\_\_\_\_ or Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home( ) Cell( ) Work( ) ext \_\_\_\_\_

E-Mail address: \_\_\_\_\_ (\*we will send vaccine reminders to this address)

Employer: \_\_\_\_\_ Emergency Contact/Number: \_\_\_\_\_

Co-Owner  or Spouse  Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Home( ) Cell( ) Work( ) ext \_\_\_\_\_

Please indicate how you heard of us: Phone Book  Our Website  Facebook   
Dog Park  Marquee  Humane Society

Referral – Whom may we thank? \_\_\_\_\_ Other \_\_\_\_\_

## PATIENT(S) INFORMATION

Pet's Name: \_\_\_\_\_ Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Female  Spayed  Male  Neutered  (please estimate if unknown)

Is your pet the *best* pet in the whole world? Yes  No

I authorize the veterinarian(s) to examine, prescribe for, or treat the pet(s) listed above. I assume responsibility for all charges incurred in the care of this/these animal(s). I understand every reasonable effort will be made to provide for successful treatment; however, due to the nature of some conditions, no guarantee can be made of a successful outcome. I understand that any pictures taken of my pets are property of MVH, LLC, and can be used at the company's discretion. I understand charges are to be paid at the time of services and a deposit may be required prior to treatment. I agree to pay interest charges of 18% APR (1.5% per month) for any balance over 30 days past due. Should collection efforts become necessary, I further agree to pay the reasonable costs incurred in the process of collections. I also agree to pay a non-sufficient funds (NSF) fee of \$25.00 or the maximum allowed by state law for any returned check, and this fee along with full check payment may be electronically withdrawn from my bank account.

X \_\_\_\_\_  
Signature of Owner of Financially Responsible Party

\_\_\_\_\_ Date

Please turn over and continue 

