

Mountainstone Veterinary Hospital, PC



1626 Stuart Road Cleveland, TN 37312

(423)559-9911 FAX (423)559-9202

www.mountainstonevet.com

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip _____

Physical Address (if different) _____

Home Phone _____ Cell Phone _____

Driver License State and Number _____

Employer Name _____ Work Phone _____

Spouse Employer _____ Work Phone _____

Emergency Contact _____ Phone _____

Would you like reminders and updates by e-mail? _____

E-mail address _____

Referred by _____

PET INFORMATION

Name _____ Date of Birth/Age _____ Color _____

Dog _____ Breed _____ Male _____ Neutered _____ Female _____ Spayed _____

Cat _____ Long Hair _____ Short Hair _____ Male _____ Neutered _____ Female _____ Spayed _____

Previous Veterinary Clinic _____

Name _____ Date of Birth/Age _____ Color _____

Dog _____ Breed _____ Male _____ Neutered _____ Female _____ Spayed _____

Cat _____ Long Hair _____ Short Hair _____ Male _____ Neutered _____ Female _____ Spayed _____

CREDIT POLICY AND AUTHORIZATION

1. Payment is required in full at the time services are rendered.
2. A \$35 service charge will be charged for all returned checks.
3. Accounts requiring legal action agree to pay collection costs and reasonable attorney fees.
4. Accounts over 30 days will be service charged 1.5% interest monthly

I understand my pet must be current on all vaccines to board and/or be groomed at Mountainstone Veterinary Hospital. I hereby authorize the veterinarian to examine, prescribe for or treat my animal. I have read and fully understand the above policy and agree to the terms stated.

Signature _____ Date _____