



NEW PATIENT INFORMATION

www.yourvet.vetsuite.com

Visa • MasterCard • Discover • American Express • Care Credit
(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: Is your pet microchipped? Yes No

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maximum allowed by state law for any returned check, and this fee along with full check payment may be electronically withdrawn from my bank account.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

