

Client Registration Form

Name: _____ SS# or DL# _____
Last First

Physical Address: _____
Street City, State, Zip

Mailing Address: _____
Street City, State, Zip

Primary Contact Number _____ Secondary Contact Number _____

Employer _____ Email _____

Spouse/Co-owner Name _____ Phone Number _____

How did you hear of us? _____

Would you like more information on pet insurance and/or care credit? _____

Pet Information

Name: _____

Birth Date: _____ Age: _____

Species: Cat Dog Other

Breed: _____

Color: _____

Sex: _____ Neutered/ Spayed _____

Date of Last Rabies Vaccine _____

Where was vaccine obtained? _____

Medications/Supplements _____

Any Long Term Problems:

I hereby consent to examination, treatment and procedures which may be performed during office visits including emergency treatments considered necessary by the attending veterinarian. I understand that I am financially responsible for all charges incurred in the care of the above described pet. I also understand that all charges must be paid in full at the time of release and that a deposit may be required for surgical or emergency treatment. I understand that Montana Veterinary Specialists and General Care apply a \$10.00 statement handling fee and a 7.9% service charge on all unpaid balances at the end of each billing cycle. I also understand that should I default on my payments and my account is turned over to a collection agency, all charges associated with collections including the cost of an attorney and/or court fees will be added to the balance of my account.

Signature of Owner or Agent: _____ Date: _____