Client Registration Form

Phone: (406) 449-3539 Fax (406) 551-4159

Email: mtvetclinic@gmail.com

Name:			_SS# or	DL#
Last Fi	rst			
Physical Address:				
Street Mailing Address:		City, Star	te, Zip	
Mailing Address:PO/Street		City, Stat	te, Zip	
Primary Contact Number	Home	Work	Cell	(circle one)
Secondary Contact Number	_ Home	Work	Cell	(circle one)
EmployerEmail _				
Spouse/Co-owner Name		Phone Number		
Pet Information				
Name:				
Birth Date: Age:				
Species: Cat Dog Other				
Breed:				
Color:				
Sex: Neutered/ Spayed				
Date and location of Last Rabies Vaccine:				
Medications/Supplements				
Any Long Term Problems:				
I hereby consent to examination, treatment and procedures which may be considered necessary by the attending veterinarian. I understand that I also be described pet. I also understand that all charges must be paid in the or emergency treatment. I understand that Montana Veterinary Specialist service charge on all unpaid balances at the end of each billing cycle. I a collection agency services are required, all costs of collections up to 450 balance of my account.	am financially refull at the time of the stand General also understand	esponsible of release Care app I that shou	for all chand that and that and that all light and the and the and the factor and	narges incurred in the care of the a deposit may be required for surgical 00 statement handling fee and a 7.9% ult on payment of my account and
Signature of Owner or Agent:			Da	ate:
Are you okay with us posting photos of your pets on social media? Yes				