

# Welcome to Mountain View Veterinary Health Center!

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form **completely.**

If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

## Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Initial

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell phone # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Spouse or Co-owner \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

How did you learn about our practice? (check one)  Phonebook  Drove by  Humane Society  
 Other Dr. (name) \_\_\_\_\_  Friend (name) \_\_\_\_\_  Family (name) \_\_\_\_\_  
 Other \_\_\_\_\_

Notify in case of emergency (other than owner and co-owner) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

## Payment

We will gladly prepare a written estimate if you desire, (please ask our receptionist or doctor). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of the treatment. There will be a \$25.00 service charge for any check returned unpaid. Any balance over 30 days will receive a \$5.00 monthly repeat billing charge and accrue interest at 1.75% per month (21% per year). Any balances referred to a collection agency will incur a collection referral fee.

To prevent the spread of infectious diseases, all hospitalized/boarding patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

**Signature of owner financially responsible for animal(s) \_\_\_\_\_ Date \_\_\_\_\_**

## Animal Information

Animal's Name \_\_\_\_\_  Dog  Cat  Horse  Exotic \_\_\_\_\_  Other \_\_\_\_\_

Age/Birthdate \_\_\_\_\_ Sex:  Male  Female Breed \_\_\_\_\_ Color \_\_\_\_\_

Neutered/Spayed  Yes  No At what age? \_\_\_\_\_

Where did you obtain this pet?  Friend  Breeder  Pet Shop  Humane Society  Other \_\_\_\_\_

At what age was animal obtained? \_\_\_\_\_ months/years

For what purpose was this animal obtained?  Companionship  Protection  Breeding  Show  
 Hunting  Other \_\_\_\_\_

Diet (kind of food) \_\_\_\_\_ Amount fed each day \_\_\_\_\_ cups/oz/lb

Animal's History – check all vaccinations for which your animal is current, and dates given if known.

Rabies (dog/cat) \_\_\_\_\_  Dentistry \_\_\_\_\_  Distemper (dog) \_\_\_\_\_  Parvovirus (dog) \_\_\_\_\_

Bordatella (dog) \_\_\_\_\_  Corona (dog) \_\_\_\_\_  Heartworm test \_\_\_\_\_  Distemper/Leukemia (cat) \_\_\_\_\_

Leukemia only (cat) \_\_\_\_\_  Distemper only (cat) \_\_\_\_\_  Felv/FIV test (cat) \_\_\_\_\_

Describe any: Prior Illness: \_\_\_\_\_ Prior Surgery \_\_\_\_\_

**For Office Use Only:** All information entered completely into ImProMed \_\_\_\_\_ Receptionist Initials \_\_\_\_\_