



Mountain View Animal Clinic

Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**CLIENT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PATIENT INFORMATION:**

Animal's Name: \_\_\_\_\_  
Animal's Date of Birth: \_\_\_\_\_ Species: \_\_\_\_\_  
Color: \_\_\_\_\_ Inside? \_\_\_\_\_ Outside? \_\_\_\_\_  
Sex: \_\_\_\_\_ Altered: Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*Please note: Email is our preferred form of communication. This will be used for updates, apointment and health care reminders. Please be assured that we do not sell or give email address lists to outside parties.

**FINANCIAL RESPONSIBILITY**

I, the undersigned owner or owner's agent, of the pet(s) identified here, do recognize that fees are due to Mountain View Animal Clinic in entirety at the time that services are rendered. A treatment plan will be provided upon request. Charges for the patient are due at the time of discharge. It is eneouraged that clients discuss all fees prior to initiation of treatment. For your convenience we accept Cash, Visa/mastercard, and Care Credit.

**PHOTO PERMISSIONS:**

I, the undersigned owner or owner's agent, of the pet(s) identified here, \_\_do allow/ \_\_ do not allow Mountain View Animal Clinic to use photographs or videos of my pet for educational or promotional purposes in any type of media. I understand that I will not be paid or rewarded for this authorization.

**SIGNATURE:**

By signing below, I, the undersigned client or client's agent, am confirming that all of the provided information on this form and on additional pet information pages is accurate and complete to the best of my knowledge and that I authorize the permissions as indicated above for treatment consent, financial responsibility, caretaker responsibility, release of information, and photo permissions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_