



WELCOME TO
MOUNTAIN VIEW ANIMAL CLINIC

Please complete the information below

Owner first,last _____

Spouse/Other _____

physical address _____ city _____ zip code _____

mailing address _____ city _____ zip code _____

state _____

Primary Phone # () _____ do you receive text messages? Y/N

Spouse /Other Phone () _____ text? Y/N

Email used to notify you of upcoming vaccinations for your pet & access to Pet Portal

How did you learn about our clinic? If by a client of ours please state first and last name we have a gift for them :) _____

PET HEALTH HISTORY

Pet Name: _____ DOB / Age _____

circle one: Dog Cat Horse other _____

Breed _____ Color _____

circle : Male/Neutered Female/ Spayed

How was your pet obtained? Circle: Breeder Humane Society Pound Rescue other

Has your pet had any reactions to any vaccinations? YES / NO

If YES please list which vaccine the date and type of reaction: _____

Primary Reason for visit _____

Please circle symptoms / problems that your pet has been treated for /or is currently experiencing.

Allergies Cancer Diabetes Eye Disorders Loss of Balance Sneezing Valley Fever

Appetite Loss Coughing Diarrhea Hair Loss Masses/Tumors Thirst Vomiting

Breathing Issues Depression Ear Infections Limping/Lameness Seizures Thyroid Weakness

Please list any medications your pet is taking: _____

Please list any surgeries : _____

turn over and sign and date

In order to reduce confusion and misunderstanding between our clients and the practice, we have adopted the following financial policy. If you have any questions regarding this policy, Please ask to speak to our office manager. We are dedicated to providing the best possible care and service for your pet. We regard your complete understanding of your financial responsibilities as an essential part of the care your pet receives.

*Your Pet Insurance policy is a contract between you and the insurance company.

In many instances, the Doctor and practice are not involved. Unless you have made other arrangements payment is due in full at the time of services.

*We are pleased to give written estimates for all services, just ask. These are estimates and occasionally unforeseen issues arise. Should this happen we will try out best to contact you prior to proceeding with any extra work or fees.

*In order to provide the best possible service to all of our patients, Please Call as soon as possible if you need to Reschedule your appointment. **If you miss your appointment without notifying us in advance you may be billed the examination fee for the time scheduled. Similarly, if you miss an appointment for a procedure or surgery, you may be billed for one half the expected reimbursement for that time. If you need to cancel or reschedule please notify us as soon as possible. Communication is important- We do not like billing for missed appointments.**

***we accept Cash, Discover Cards, Master Card, Visa, Care Credit & Debit Cards.*

**In the event we are required to turn your account over to a Collection Agency for payment or hire an attorney to pursue collections of your account in a court of law, your account will be charge all costs, fees. And interest at 1.5% per month associated with this action.*

I have read and understand the financial policy of Mountain View Animal Clinic and I agree to be bound by its terms. I also understand that such terms may be amended from to time by the practice.

Signature _____ Print name _____

Date: _____