

# New Client Registration Form

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouses Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Driver's License Number or State ID: \_\_\_\_\_

**\*Required for any Medication dispensed.**

Services are payable upon completion. How would you be taking care of your bill today?

We accept:    Visa    MasterCard    Discover    Cash    Care Credit

## Your Pet's Information:

Circle one:    Dog    Cat    Other

Name: \_\_\_\_\_ Age or D/O/B \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Circle One:    Male    Female

                  Neutered    Spayed

- 1) TREATMENT & PHOTO CONSENT: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet (s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due in FULL at time of service. I recognize that financial concerns should be discussed prior to exam & treatment. The MVC staff is happy to provide estimates. We love social media by signing below you give us permission to share your pet (s) image and story on social media.    \_\_\_ Yes. I Authorize.    \_\_\_ No. I don't authorize.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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