



4620 Whitman Lane SE • Lacey, Washington 98513 • (360) 438-9623

Today's Date: _____

Owner's Name: _____ Owner must be 18 years of age & financially responsible for pet

Email Address: (Optional) _____ Best Phone #: _____

Address: _____ Second # or Cell: _____

_____ CITY _____ STATE _____ ZIP

Place of Employment: _____ Work Phone: _____

Position: _____ D.O.B: _____ S.S.#/or Driver Lic. _____ Exp. Date: _____

Alt. Contact: _____ Alt. Phone: _____ Work Phone: _____

Place of Employment: _____ Position: _____

How did you hear about us? (Circle One) Referral: _____ Phonebook/Website/Facebook Other: _____

Appointment and Payment Policies

Mountain View Veterinary Hospital makes every attempt to stay on schedule. We understand your time is valuable. Emergencies may occur that can cause delays and we want to assure that all our patients receive the high standard of care they deserve.

In order for us to maintain our schedule, your appointment may need to be rescheduled if you are running late. Missed appointments and last-minute cancelations may incur a charge.

Payment is due at time of service. If you have financial questions or concerns our team can provide treatment plans to help you calculate the varying costs of different options. Please feel free to ask for an estimate and discuss any concerns prior to approving treatment. We accept Visa, MasterCard, Discover, American Express, Care Credit, cash, and check. Care Credit applications are available at the front desk and on line.

By signing below, I hereby state that all information is correct and understand that payment is due at time of service by cash, check or bank card.

Signature: X _____ *Owner information must be complete to process checks*

.....
Animal's Name: _____ Dog/Cat/Other _____
(PLEASE CIRCLE ONE)

Breed: _____ Sex: _____ Date of Birth: _____

Color/Coat Type: _____

Spayed / Neuter? YES NO (please circle one) Date of Surgery: _____

DATE OF LAST VACCINATIONS: _____ Microchip #: _____

DOG: Distemper -- Parvo _____ Bord. _____ Rabies _____

CAT: FVRCP _____ FeLV/Fiv Test _____ Leukemia _____ F.I.V. _____ Rabies _____

Previous Medical Problems: _____

Previous Veterinarian: _____