

# Mountain Home Mobile Veterinary Clinic

## Client Registration

Owner: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Email address: \_\_\_\_\_

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

Drivers License or Social: \_\_\_\_\_

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

Can we post your pet to Facebook? YES NO

### **PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED**

Please feel free to ask for estimates. We gladly accept Cash, Checks, Credit Cards and Scratch Pay.

Wherein a CONTRACTUAL PAYMENT AGREEMENT is needed, arrangements must be made prior to service.

Interest will be billed on all services not paid in full. Return check fees will be charged.

**I accept all financial responsibility for any pet(s) brought in by the following additional individuals:**

\_\_\_\_\_  
I accept all financial responsibility for any medical services, products or treatments rendered while any pet(s) I present to clinic are in the care of Mountain Home Mobile Veterinary Clinic. This includes the principal amount, interest, and if necessary, all cost and fees of account collection.

Signature \_\_\_\_\_

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