



**MOUNTAIN VIEW ANIMAL CLINIC  
CLIENT REGISTRATION FORM**

<b>Date:</b>	<b>Referred by:</b>	
<b>Pet Owner:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Cell Phone:</b>	<b>Home phone:</b>	
<b>Email Address:</b>		
<b>Spouse or Emergency Contact:</b>		
<b>Phone:</b>		
<b>Pet Name:</b>		
	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>
<b>Spayed/ Neutered:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Age:</b>	<b>Date of birth (if known):</b>
<b>Species:</b> Dog <input type="checkbox"/> Cat <input type="checkbox"/>	<b>Breed:</b>	
<b>Color/markings:</b>		

**TREATMENT AUTHORIZATION**

I hereby authorize Mountain View Animal Clinic to perform medical and initial diagnostic/surgical procedures on my pet as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the clinic. In the event I transfer ownership to another party, I authorize the release of medical information to the new owner, should they request it.

**FINANCIAL POLICY**

Payment is due as services are rendered. The balance is due upon discharge from the clinic. Payment may be made by cash, accepted credit cards, and Care Credit. A treatment plan will be provided upon request. It is encouraged that clients discuss all fees prior to initiation of treatment.

**CANCELLATION POLICY**

To be respectful of the medical needs of other pets please contact the office and give 24 hours of notice for all appointment cancellations. This allows for us to allot your appointment time to a pet that is in need of treatment. If you need to call the clinic outside of business hours to cancel an appointment, please leave a detailed voicemail for our front office staff.

Late cancellations (less than 24 hours 'notice) and "no-show" appointments are subject to a non-refundable fee. The first time a late cancellation or "no-show" occurs, there will be no charge to the client. A second occurrence will result in a non-refundable \$25 charge for the appointment time AND a \$25 deposit will need to be given as a scheduling fee for future appointments. The \$25 scheduling fee will be deducted from the payment total of appointment, if appointment was attended. If the appointment is missed the scheduling fee will be a non-refundable charge for the appointment time. If account debt is acquired, there will be late charges applied on a monthly basis, \$3 or 1.5% of the total balance, whichever option is greater.

By signing below, I am confirming that all of the provided information on this form is accurate and complete to the best of my knowledge. I acknowledge understanding of the treatment authorization, financial policy, and cancellation policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date