MOUNTAIN VIEW ANIMAL HOSPITAL
Center for Hope and Healing

Welcome to our hospital...

So that we may become better acquainted, please complete the following:

Owner's Name		**Spouse or Co-Owner's Name**	
Address		Address □ same as owner	
City, State, Zip		City, State, Zip	
Phone	( )	Phone □ same as owner	( )
Cell	( )	Cell	( )
Employer		Co-Owner's Employer	
Work Phone	( )	Work Phone	( )
Social Security # or DL #		Social Security # or DL #	

Who should we thank for bringing you to our hospital?

□	Other veterinarian (Please specify):
□	Yellow Pages (US West Dex)
□	Yellow Pages (Yellow Book)
□	Yellow Pages (Impact Directories)
□	Personal Recommendation (Please specify):
□	Website/Internet
□	Other (Please specify):

□ If you are a senior citizen (65 or older), please check the box if you would like a senior discount.

Method of payment: (All charges are due and payable at time of service.)

□Cash
□Check (all checks are processed electronically)
□Debit Card
□Major Credit Card
□Care Credit (applications available)

Agreement:

1. Mountain View Animal Hospital/Pet ER is authorized to render any services reasonably necessary for the care and treatment of our animal(s), in the opinion of the attending doctor.
2. If the animal(s) is placed with Mountain View Animal Hospital/Pet ER for boarding or hospitalization, I will be responsible for picking up the animal(s) and for the reasonable fee for such service.
3. If the animal(s) is placed for veterinary care, I will be responsible for payment of a reasonable fee for such service, and for any reasonable fee for the necessary board for the animal(s) following such care.
4. In the event of the death of the animal(s) through no fault of Mountain View Animal Hospital/Pet ER, I will be responsible for the reasonable costs thereof.
5. In the event I fail to pick up the animal(s) from Mountain View Animal Hospital/Pet ER within 10 days after written notice by certified mail, return receipt requested, Mountain View Animal Hospital/Pet ER is authorized to dispose of the animal(s) and I will pay a reasonable fee for such service.
6. I am the owner of the said animal(s) and have full authority to enter into this Agreement and the terms thereof. If I am not the owner, I am the authorized representative of the owner, and have full authority to enter into this Agreement, and the name of the owner is: _____.

Owner or Authorized Representative's

Signature: _____ **Date:** _____