

Meridian Veterinary Clinic & Hospital

*****New Client Information*****

Owner Name: _____ Date: _____ 2018
Last First

Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone(_____) _____ Spouse or Co-Owner Phone(_____) _____

Home Phone(_____) _____ Work Phone(_____) _____

Email: _____

We rely on email and texting to provide you with vaccination & medication reminders, lab results, pet food recalls, safety alerts and newsletters.

How did you learn about our Hospital?

___ Referred ___ Phone Book ___ Internet (Bing/Google/Yahoo/Yelp) ___ Social Media (Facebook/Twitter)
___ Drive By ___ 2nd Opinion ___ Convenience ___

If referred, please let us know by whom: _____

--- Pet Information ---

Pet's Name: _____ Dog / Cat / Other _____

Breed: _____ Color/s: _____ Sex: Male / Female

Age or Birthdate: _____ Neutered/Spayed?: ___Yes ___No

Is your pet Microchipped? ___Yes ___No Does your pet have insurance? ___Yes ___No

Medical Problems (Past or Current)/Allergies: _____

Would you be comfortable with us sharing your pet's picture or story online? ___Yes ___No

Hospital / Payment Policy

By signing below, I confirm that this information is correct, and that I am the client responsible for the pet(s) listed on my account I understand that FULL PAYMENT IS DUE AT THE TIME OF SERVICE IS RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED PET. We will gladly prepare a written estimate of service fees if you desire, please ask our doctor or receptionist. All unpaid balances are subject to a 1.5% per month interest charge. There will be a service charge for any check returned unpaid. In the event of default of any payment required by this agreement when due, the entire unpaid balance of principal and interest shall become due and payable immediately, without notice, at the election of Meridian Veterinary Clinic & Hospital. If Meridian Veterinary Clinic & Hospital turns the account over to collection, MVC&H shall have the right to recover the cost of collection including but not limited to collection agency fees and reasonable attorney's fees. I authorize the release of my pets' medical records to Meridian Veterinary Clinic & Hospital and hereinafter waive the written release requirement. To prevent the spread of infectious diseases, all hospitalized patients must be current on vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) _____ Date _____, 2018

Thank you for choosing Meridian Veterinary Clinic & Hospital!