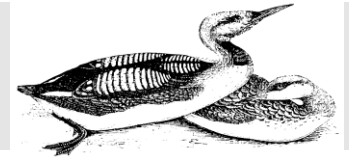


GREAT FALLS VETERINARY HOSPITAL



CLIENT INFORMATION

Owner's Name _____ Spouse /Friend _____
Mailing Address: _____ City _____ State _____ Zip _____
Physical Address _____ City _____ State _____ Zip _____
Home Phone# _____ Cell# _____ Best time to reach you _____
Work Phone _____ Place of Employment _____
OK to call work Yes / No email address

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Date of Birth _____ SS# _____ License# _____
Emergency Contact _____ Phone _____ Relationship _____
How did you hear about us? (sign, yellow pages, personal recommendation, other _____)
Who can we thank for referring you? _____
Military? Yes / No Unit # _____

YOUR PET'S INFORMATION

1. Name _____ Please circle: Dog Cat Other _____
Breed _____ Age _____ Birthday _____ / _____ / _____
Sex: Male or Female Neutered: Yes or No Color _____
Vaccine History: _____

2. Name _____ Please circle: Dog Cat Other _____
Breed _____ Age _____ Birthday _____ / _____ / _____
Sex: Male or Female Neutered: Yes or no Color: _____
Vaccine History: _____

Cats Only (please circle): Indoors Only / Indoors & Outdoors
Previous Animal Hospital _____ State _____
Reason for Leaving (optional) _____
Special Health Needs or Concerns _____
Other Animals in the House? Please list _____

HOSPITAL POLICY

This information is strictly confidential unless otherwise requested by the client. You also acknowledge full responsibility on any or all charges on this said account. You acknowledge that it is Hospital Policy,

PAYMENT IS EXPECTED AS SERVICES ARE RENDERED.(payment due at time of service)

I fully understand that I am responsible for all charges to the said account. At any time should I default on this agreement, I understand that I am liable for all late, *collections, and attorney charges* that are applied to my account

For your convenience we accept CASH, CHECKS, DEBIT CARDS, CARE CREDIT, DISCOVER, VISA OR MASTER CARDS.

The guarantor(client) understands that should it become necessary, that they are responsible for all additional finance charges, collection costs, legal fees and attorney expenses that may become necessary in order to collect any unpaid debt.

Signature _____ Date _____