



# Mount Airy Veterinary Associates New Client Registration (Please complete entire page)

Date \_\_\_\_\_

Your Name (owner) \_\_\_\_\_ Miss/Ms./Mrs./Mr. & Mrs./Dr.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Vaccine Reminders received by which method:  Email  Mailing Address

Other authorized persons to make decisions regarding healthcare of pet(s):

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

You're Occupation \_\_\_\_\_

Driver's license number ST \_\_\_\_\_ # \_\_\_\_\_

(Required if paying by check)

Previous veterinarian, where we may obtain medical records \_\_\_\_\_

Okay to call? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

We do require payment in full when services are rendered. If an exception is made, any invoice with a balance over 30 days old is subject to a finance charge of \$10.00 per month until the balance is paid in full. There is a \$25.00 fee for each returned check.

Payment method I plan to use today: (please circle one) Cash, Credit Card, Check

Signature \_\_\_\_\_

PLEASE LIST ALL PETS IN HOUSEHOLD (Including those here today)

Pet Name \_\_\_\_\_ Sex M / MN / F / FS Species DOG / CAT / OTHER

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth date \_\_\_\_\_

Date of last Vaccinations \_\_\_\_\_ Microchip# \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

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Hobbies/Interests \_\_\_\_\_