



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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