

Mercersburg Veterinary Clinic, Inc.

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PET OWNER _____	Spouse/Partner _____
Cell # _____ Work # _____	Cell # _____ Work # _____
Driver's License # _____	Driver's License # _____
Email _____	Email _____
Employer _____	Employer _____
Home Address _____	
City/State/Zip _____	How did you hear about our clinic? _____
	Who can we thank? _____
What is your preferred method of being reminded about vaccinations, health rechecks, etc?	
Snail Mail _____ Email _____ Phone _____ Text _____	

PET # 1 NAME _____ **DOB** _____ **Color** _____

Species (check) () Dog () Cat () Other _____ Breed _____

Sex () Male () Neutered Male () Female () Spayed Female () Unknown

Vaccinations last given by (clinic name) _____ Date given _____

Allergies or Long term Medical issues _____ Behavior issues that we should be aware of _____

PET # 2 NAME _____ **DOB** _____ **Color** _____

Species (check) () Dog () Cat () Other _____ Breed _____

Sex () Male () Neutered Male () Female () Spayed Female () Unknown

Vaccinations last given by (clinic name) _____ Date given _____

Allergies or Long term Medical issues _____ Behavior issues that we should be aware of _____

PET # 3 NAME _____ **DOB** _____ **Color** _____

Species (check) () Dog () Cat () Other _____ Breed _____

Sex () Male () Neutered Male () Female () Spayed Female () Unknown

Vaccinations last given by (clinic name) _____ Date given _____

Allergies or Long term Medical issues _____ Behavior issues that we should be aware of _____

FINANCIAL POLICY—We are a Veterinary Clinic focused on providing quality medical care for your pet(s). Full payment is due at time of your pet's evaluation, treatment, and /or discharge. For your convenience we accept multiple forms of payment. Surgical cases require 1/3 deposit at time of drop off. A fee of \$35 will be due immediately for all returned checks and the privilege of writing a check will be revoked.

Please indicate your preferred choice of payment : ___ Cash ___ Personal Check ___ Visa/MasterCard
___ Discover ___ American Express

For unexpected emergencies and surgeries we gladly accept CARE CREDIT. Our front office can assist you with application for CARE CREDIT.

PET PARENT _____ DATE _____