

Mercersburg Veterinary Clinic, Inc.

Revised 11/23//20

CONTACT INFORMATION

Legal Pet Owner _____ Spouse / Partner _____

HOME ADDRESS _____ City/ State/ Zip _____

Preferred Email address _____ Alternate _____

Telephone Numbers in order of preference for important communication concerning your pet.

#1 _____	Home <input type="radio"/>	Cell <input type="radio"/>	Work <input type="radio"/>	Owner <input type="checkbox"/>	Partner <input type="checkbox"/>
#2 _____	Home <input type="radio"/>	Cell <input type="radio"/>	Work <input type="radio"/>	Owner <input type="checkbox"/>	Partner <input type="checkbox"/>
#3 _____	Home <input type="radio"/>	Cell <input type="radio"/>	Work <input type="radio"/>	Owner <input type="checkbox"/>	Partner <input type="checkbox"/>

What is your preferred method of communication for vaccination reminders, appointment reminders, prescription refill pickup notifications, etc. Signature of this form grants permission for the selected form of communication.

Postcard Email Text # _____

PET #1 Name _____ DOB _____ Color _____

SPECIES 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 we should be aware of _____

PET #2 Name _____ DOB _____ Color _____

SPECIES 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 we should be aware of _____

PET #3 Name _____ DOB _____ Color _____

SPECIES 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 we should be aware of _____

Consent to Treat / Financial Responsibility — I hereby grant permission to MVC staff to examine and treat the above mentioned animals. I assume responsibility for the charges incurred in the treatment/care of my animals. Full payment is due at time of your pet's evaluation, treatment, and/or discharge. For your convenience we accept CASH, CHECKS, VISA, MC, AM EX, DISCOVER & CARE CREDIT. Trauma /Surgical cases require 1/3 deposit at time of drop off, with balance due at pickup. A fee of \$35 will be due immediately for all returned checks and the privilege of writing checks will be revoked. Driver's License required for check writing privileges.

Legal Pet Owner's Driver's License _____ Spouse/Partner License # _____

Where did you hear about us ? _____ Who can we thank for the referral? _____

X LEGAL PET OWNER _____ Date _____