



Montrose VETERINARY HOSPITAL

Welcome, and thank you for choosing our hospital!

Owner Name: _____
 Spouse/Co-Owner: _____
 Co-Owner Relationship: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Co-Owner Phone: _____
 E-mail: _____
 Other Emergency Contact Person: _____
 Emergency Contact Relationship/Phone: _____

Preferred contact method(s) for vaccination reminders: **Email** **Text** **Postcard** **Call**

Pet Name: _____ Breed: _____
 Gender: _____ Spayed/Neutered: YES NO
 DOB/Age: _____ Color: _____

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Has your pet been to a veterinarian previously? YES NO
 If so, when and where? _____
 Do you consent to have us obtain your pet's previous history? YES NO
 Is your pet current on vaccinations and heartworm check? YES NO
 Is your pet currently on any medications including preventatives? YES NO
 If so, Please list: _____
 Do you board, groom or take your pet to daycare? YES NO
 If so, where? _____
 How did you hear about us? _____

****I, the undersigned owner or agent of the owner, certify that I am 18 years of age or older, and do hereby authorize Montrose Veterinary Hospital to examine my pet and administer treatment as is considered necessary for my pet's condition.**

****I hereby release Montrose Veterinary Hospital of all liability in the event of an injury, bite, fall, or any other circumstance while I/my family members am/are visiting the hospital. I understand Montrose Veterinary Hospital may refuse services for any reason.**

****Payment is due at the time services are rendered. We gladly accept Cash, Checks, Visa, Mastercard, Discover, American Express and CareCredit (must be the cardholder with proper identification).**

****I, the undersigned owner or agent of the owner, gives permission to Montrose Veterinary Hospital to use my contact information for medical purposes only. This information will not be sold to any third party companies. I consent to receiving text messages and/or email alerts regarding my pet's appointments or health. Text message rates determined by your wireless provider may apply. I understand that I may opt out of text or email reminders by contacting Montrose Veterinary Hospital at any time.**

X _____ **DATE** _____