



MOUNTAIN VIEW  
VETERINARY  
HOSPITAL

# Client Information

First Name

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Last Name

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Primary Phone

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Home Phone

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Email

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Address

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City

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State

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Zip

Additional Contacts and Phone Numbers

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# Patient Info

Pet's Name

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Gender (M, MN, F or FS)

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Age or Birthdate

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Species

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Breed

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Color

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Previous Veterinary Practice

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*(So we can request medical history)*



## Client Information

### Authorization to Provide Care and Financial Consent

I consent to the provision of medical services for my pet at Mountain View Veterinary Hospital. I understand that no guarantee is made as to the result or cure, and that diagnostics and treatments have some inherent risks. In the event that I cannot be reached, I authorize the doctors and staff at Mountain View to provide the best care for my pet's well-being.

I assume financial responsibility for all charges incurred to the patient(s), and I understand that payment is due at the time of patient release.

I certify that I am legally authorized to give medical and financial consent.

Signature

Date

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### Media Consent

Mountain View Veterinary Hospital will sometimes use pet and client photos for social media, marketing and training purposes. We will NOT give out any medical information without your consent. Please let us know if you OPT OUT of using your pet's images.

Opt OUT