



INTERMOUNTAIN PET HOSPITAL

800 W. Overland Road • Meridian, ID 83642 208.888.2910
www.intermountainpet.com petvet@intermountainpet.com

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Spouse's Cell _____

E-Mail Address _____ May we use this to send you reminders? Yes ___ No ___

Place of Employment _____ Phone _____

Spouse's Employment _____ Phone _____

Emergency Contact _____ Phone _____

How did you hear about us? Yellow Pages ___ Internet ___ Recommendation ___ Other _____

If one of our clients referred you, please let us know so we can thank them _____

Reason for leaving previous veterinarian _____

Pet Information	Pet#1	Pet#2	Pet#3
Name			
Species			
Breed			
Color			
Birthday/Age			
Gender	Male/Female	Male/Female	Male/Female
Neutered/Spayed	Yes/No	Yes/No	Yes/No
Previous Veterinarian			
Date & Kind of last vaccinations			
Current Medications			
Any serious illness or surgery			
Any know allergies			
Diet			

Please provide previous medical records for extensive medical history and medications

Authorization

I hereby authorize the veterinarian to examine, prescribe for and/or treat my pet(s). I understand that trained personnel will not attend to boarded or hospitalized animals beyond regular office hours.

Signature _____ Date _____

**I authorize the release of my phone number, name and or vaccine information to the Humane Society, County officials, or individuals that have identified my animal by a rabies vaccine tag & wish t contact me to return my pet.

Agree (initial here) _____ Disagree (initial here) _____



INTERMOUNTAIN PET HOSPITAL

800 W. Overland Road • Suite 1 • Meridian, ID 83642 208.888.2910
www.intermountainvet.com petvet@intermountainvet.com

Financial Policy and Records Release

Thank you for choosing Intermountain Pet Hospital for your pet care needs. We are dedicated to providing the highest quality care to all of our patients.

In order to provide you services with the highest level of quality, we cannot extend credit out of our office. Please understand that payment in full is due at the time of service. We may also require a deposit for major procedures. To help you obtain your financial responsibility the following payment options are accepted.

Payment Options

- *Cash/Check: We accept payment by cash or check at the time of service.*
- *Bank Credit/Debit Card: We accept payment by MasterCard, Visa, Discover and American Express.*
- *In an effort to offer our clients more personalized financial arrangements, we are pleased to offer Care Credit. If you wish to take advantage of this payment plan, please ask one of our staff members for an application.*

Record Release

By signing this form I authorize Intermountain Pet Hospital to release my pet's medical and vaccine records, if requested, by another veterinarian, boarding facility or grooming facility. I acknowledge that Intermountain Pet Hospital will not have me sign any additional paperwork to release my pet's records. However, I might be required to sign paperwork to have records transferred to Intermountain Pet Hospital.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE FINANCIAL POLICY AND RECORDS RELEASE POLICY.

Responsible Party

Date

Co-Responsible Party

Date