



**MOUNTAINSTONE
VETERINARY HOSPITAL**

1626 Stuart Rd NE
Cleveland, TN 37312

Owner's Name _____ Spouse Name _____

Address _____

City _____ State _____ Zip _____

Physical Address (if different) _____

Driver's License # _____ State _____ Employer _____

****NEW CLIENT'S MUST HAVE 6 MONTHS OF GOOD PAYMENT HISTORY BEFORE WE WILL ACCEPT A CHECK****

Home/Land Line _____ Cell Number _____

Work Number _____ Spouse Number _____

Email _____ Referred by _____

Do you want email reminders? YES _____ NO _____

Do you want Text Reminders? YES _____ NO _____

PET INFORMATION

1st pet: Name _____ DOB/Age _____

Cat: Long Hair _____ Short Hair _____ Color _____ Male Female Spayed/Neutered? _____

Dog: Breed _____ Color _____ Male Female Spayed/Neutered? _____

2nd pet: Name _____ DOB/Age _____

Cat: Long Hair _____ Short Hair _____ Color _____ Male Female Spayed/Neutered? _____

Dog: Breed _____ Color _____ Male Female Spayed/Neutered? _____

PAYMENT POLICY AND AUTHORIZATION

1. Payment is required in FULL at the time services are rendered.
2. A \$25 service charge will be charged for all returned checks.
3. Accounts over 30 days will have a service charge of 1.5% interest monthly.
4. Accounts that require legal action to pay collection costs and are responsible for attorney fees.

I understand my pet must be current on ALL vaccines to board and or be groomed at Mountainstone Veterinary Hospital.

I hereby authorize the veterinarian to examine, prescribe for and treat my animal. I have read and fully understand the above policy and agree to the terms stated.

Signature: _____ Date: _____