



**MOUNTAINSTONE  
VETERINARY HOSPITAL**

1626 Stuart Rd NE  
Cleveland, TN 37312

🐾 Welcome to Mountainstone! We are excited you have chosen us to care for your pet(s)! 🐾

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🐾**

PET NAME	SPECIES/BREED	COLOR	MALE/FEMALE SPAYED/NEUTERED	AGE OR BIRTHDATE

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information:

Practice Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Practice Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

 **Please initial each of the following statements:**

I am the owner/agent for the animal(s) listed above and I have the authority to execute this consent and seek treatment. I hereby authorize the veterinarian to examine, prescribe for and treat my animal.

I understand that I may ask questions regarding any procedure, diagnostics, vaccinations, or treatments before it is performed.

I understand that payment is due IN FULL at the time services are rendered.

I understand there is a risk of complications with every procedure, including the possibility of death regarding anesthesia, surgery, or other procedures. I also understand there is no guarantee as to the results of any procedures, diagnostics, vaccinations, or treatments.

I understand that staff will not be present in the hospital overnight. Unless the Veterinarian advised that my pet may remain unattended in the hospital, I will need to take my pet home or transfer to a emergency hospital offering overnight care before the close of our business day.

I understand that myself and any agent that represents me will treat all staff members and other clients with respect. I understand that Mountainstone has a zero-tolerance policy for swearing, yelling or disrespectful speech towards any staff member or other client. Behavior as such can result in termination of care.

I agree to always keep my pet on a leash or in a carrier while in the lobby for patient and human safety.

I agree to inform the staff if my pet has ever been aggressive, bitten anyone or required a muzzle or extra restraint in any past circumstances, veterinary related or otherwise.

I understand my pet must be current on ALL vaccines to board and/or be groomed at Mountainstone Veterinary Hospital. The Rabies vaccine is required for all pets by Tennessee State Law.

I understand my pet may be scanned for a microchip. If a microchip is found, and that microchip is registered, Mountainstone is required to contact the registered microchip owner

I authorize Mountainstone to share my pet's medical records with facilities when requested, such as veterinary clinic, groomer, boarding facility, training, day care, insurance, etc or with law enforcement, animal control, etc.

I have read and fully understand the above policy and agree to the terms stated. I do hereby forever release and discharge the Hospital from any and all liability arising from any of the foregoing or anything that may happen following, arising from or related to this consent.

 **PAYMENT POLICY AND AUTHORIZATION**

1. Payment is required in FULL at the time services are rendered.
2. A \$35 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.

 Signature: \_\_\_\_\_ Date: \_\_\_\_\_