



800 W. Overland Road, Suite 1 Meridian, Idaho 83642 Tel: (208)888-2910  
 www.Intermountainvet.com Petvet@Intermountainvet.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 \_\_\_\_\_

<b>Pet Information</b>	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>
Name			
Species			
Breed			
Color			
Birthdate/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 known 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 to contact me to return my pet.

Agree (initial here) \_\_\_\_\_ Disagree (initial here) \_\_\_\_\_



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## **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**