

Buffalo Mountain Animal Hospital

Client Registration Form

Name: _____

Partner or Co-Owner's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Phone Numbers: Home- _____ Cell- _____

Email Address: _____

Employer: _____ Work Phone: _____

How would you like to receive appointment reminders? Text (carrier) _____ Email Phone

How did you hear about us? _____

Pets

Name _____ DOB _____ Dog/Cat/Other _____

Breed _____ Sex _____ Neutered? Yes No

Vaccination Current? Yes No Date Given _____ Medication _____

I do not give consent for Buffalo Mountain Animal Hospital to use video or images of my animal in any form of marketing and/or social media.

Name _____ DOB _____ Dog/Cat/Other _____

Breed _____ Sex _____ Neutered? Yes No

Vaccination Current? Yes No Date Given _____ Medication _____

I do not give consent for Buffalo Mountain Animal Hospital to use video or images of my animal in any form of marketing and/or social media.

I hereby authorize Buffalo Mountain Animal Hospital to examine, prescribe for, or treat the above listed pet(s). I assume financial responsibility for all charges incurred in the care of this animal. I also understand that payment will be paid at the time of services and that a deposit may be required for surgical treatment.

Signature _____ Driver's License _____

Social Security Number _____

Payment Type: Cash Check Visa MC AmEx Discover