



# FIRE MOUNTAIN VETERINARY HOSPITAL

760.757.7557 | FIREMOUNTAINVET@GMAIL.COM | @FIREMOUNTAIN.VET

## CLIENT INFORMATION

YOUR LAST NAME:

YOUR FIRST NAME:

ADDRESS:

APT NUMBER:

CITY:

ZIP CODE:

PREFERRED PHONE NUMBER:

EMAIL:

YOUR DATE OF BIRTH:

ALTERNATE CONTACT NAME & RELATIONSHIP:

ALTERNATE CONTACT'S PHONE NUMBER:

YOUR/YOUR PET'S INSTAGRAM HANDLE:

\*\* FOLLOW US ON INSTAGRAM AND FACEBOOK (@FIREMOUNTAIN.VET) FOR ACCESS TO EXCLUSIVE DEALS, PET CARE TIPS AND TRICKS + LOTS OF CUTE PET CONTENT \*\*

HOW DID YOU HEAR ABOUT US? (CIRCLE ONE)

GOOGLE SEARCH

YELP

INSTAGRAM

FACEBOOK

REFERRAL WHO REFERRED YOU? \_\_\_\_\_

OTHER: \_\_\_\_\_

## PET INFORMATION

\*HERE WITH MORE THAN ONE PET? ADDITIONAL SPACE ON BACK\*

PET'S NAME:

AGE OR DATE OF BIRTH:

DOG

CAT

MALE

FEMALE

SPAYED OR NEUTERED? YES

NO

BREED:

COLOR:

PREVIOUS VET HOSPITAL NAME:

PREVIOUS VET HOSPITAL PHONE NUMBER:

I AM OKAY WITH MY PETS APPEARING IN FMVH'S SOCIAL MEDIA: YES

NO

### PLEASE NOTE: ALL FEES ARE DUE & PAYABLE UPON COMPLETION OF SERVICE

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize Fire Mountain Veterinary Hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed avoid. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the services ARE otherwise terminated. I acknowledge that FIRE MOUNTAIN VET HOSPITAL DOES NOT ACCEPT CHECKS. I agree to pay for the reasonable costs of collection, attorney fees and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. I am at least 18 years of age and legally liable for any decision I make.

PRINT NAME:

SIGNATURE:

DATE:



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## PET INFORMATION

PET'S NAME: \_\_\_\_\_ AGE OR DATE OF BIRTH: \_\_\_\_\_

DOG  CAT  MALE  FEMALE  SPAYED OR NEUTERED? YES  NO

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

PREVIOUS VET HOSPITAL NAME: \_\_\_\_\_

PREVIOUS VET HOSPITAL PHONE NUMBER: \_\_\_\_\_

I AM OKAY WITH MY PETS APPEARING IN FMVH'S SOCIAL MEDIA: YES  NO

## PET INFORMATION

PET'S NAME: \_\_\_\_\_ AGE OR DATE OF BIRTH: \_\_\_\_\_

DOG  CAT  MALE  FEMALE  SPAYED OR NEUTERED? YES  NO

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

PREVIOUS VET HOSPITAL NAME: \_\_\_\_\_

PREVIOUS VET HOSPITAL PHONE NUMBER: \_\_\_\_\_

I AM OKAY WITH MY PETS APPEARING IN FMVH'S SOCIAL MEDIA: YES  NO

## PET INFORMATION

PET'S NAME: \_\_\_\_\_ AGE OR DATE OF BIRTH: \_\_\_\_\_

DOG  CAT  MALE  FEMALE  SPAYED OR NEUTERED? YES  NO

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

PREVIOUS VET HOSPITAL NAME: \_\_\_\_\_

PREVIOUS VET HOSPITAL PHONE NUMBER: \_\_\_\_\_

I AM OKAY WITH MY PETS APPEARING IN FMVH'S SOCIAL MEDIA: YES  NO