MOUNTAIN PARKS
VETERINARY HOSPITAL
ADVENTURE CAMP + PET LODGE

Welcome!
Thank you for giving us the opportunity to care for your pet family. Please help us provide the best service by taking a moment to share some important information we will need as we support your pet's needs today, and in the future. **All personal information you provide is for our internal use only.**

CLIENT INFORMATION

NAME: _____
Last Name (Please Print) First Name PHONE #:
SPOUSE: _____
Last Name (Please Print) First Name PHONE #:
HOME PHONE #:_____
MAILING ADDRESSCITY, ZIP, STATE: _____
EMPLOYER + PHONE #: _____
EMAIL ADDRESS:_____
HOW DID YOU HEAR ABOUT OUR PRACTICE? _____

PET INFORMATION

PET'S NAME: _____ ☐DOG ☐CAT ☐OTHER
AGE/BIRTH DATE: _____ BREED: _____ COLOR: _____
GENDER: ☐Male / ☐Neutered ☐Female / ☐Spayed DO YOU HAVE INSURANCE ☐Yes ☐No

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ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED. We accept, **cash, local checks, MasterCard, Visa, Discover, American Express,** and **Care Credit**. There will be a service charge, as allowed by law for any check returned unpaid and on any unpaid balances that are 30 days overdue. We also reserve the right to charge a Statement Handling Fee on any accounts that are not paid in full at the time of services rendered. To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. Your signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice. ☐ I have read agreed to the Terms and Conditions.

CANCELLATION & NO-SHOW POLICY: Hospital Appointments: A $50 fee will be charged after the second occurrence of a no-show or cancellation with less than 24 hours' notice. Boarding Reservations: An $80 fee will be charged for cancellations with less than 24 hours' notice or for no-shows. ☐ I have read agreed to the Terms and Conditions.

Signature of Responsible Party for Pet(s): _____