



Welcome Card  ID Card

# Mount Airy Veterinary Associates New Client Registration

(Please complete entire page)

Date \_\_\_\_\_

Your Name (owner) \_\_\_\_\_ Miss/Ms./Mrs./Mr. & Mrs./Dr.

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other authorized persons to make decisions regarding healthcare of pet(s):

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Your Occupation \_\_\_\_\_

Driver's license number ST \_\_\_\_\_ # \_\_\_\_\_  
(Required if paying by check)

Previous veterinarian, where we may obtain medical records \_\_\_\_\_

Okay to call? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

We do require payment in full when services are rendered. If an exception is made, any invoice with a balance over 30 days old is subject to a finance charge of \$10.00 per month until the balance is paid in full. There is a \$25.00 fee for each returned check.

Payment method I plan to use today: (please circle one) Cash Credit Card Check

Signature \_\_\_\_\_

PLEASE LIST ALL PETS IN HOUSEHOLD (Including those here today)

Pet Name \_\_\_\_\_ Sex M / MN / F / FS Species DOG / CAT / OTHER  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth date \_\_\_\_\_  
Date of last Vaccinations \_\_\_\_\_ Microchip# \_\_\_\_\_  
Hobbies/Interests \_\_\_\_\_

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