



Mount Airy Veterinary Associates Client Registration

(Please print clearly)

Date _____

Your Name (Owner) _____

Co-Owner Name _____ Co-Owner Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Vaccine Reminders received by which method: Email Text Mailing Address

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

Name _____ Relationship _____ Phone _____

Name _____ 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 _____

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