

# client & pet information

MERCYPETCLINIC.ORG

346-231-7400



## How Did You Hear About Us?

- Friend \_\_\_\_\_  Sign  Print Advertisement  
 Internet Search Engine  Website  Direct Mail  Other \_\_\_\_\_

## Client Information

Client Name \_\_\_\_\_  
Last First M.I. Spouse's First Name  
Address \_\_\_\_\_  
Number and Street City State Zip Code  
Client Email Address \_\_\_\_\_  
Client Phone \_\_\_\_\_  
Home Work Cell  
Spouse Phone \_\_\_\_\_  
Work Cell  
Alternate Emergency Contact \_\_\_\_\_  
Name Phone Number

## Pet Information

	PET 1	PET 2	PET 3	PET 4
Name				
Dog or Cat				
Breed				
Color/Markings				
Age or D.O.B.				
Male or Female				
Spayed/Neutered?				
Microchip #				

## Who Was Your Previous Veterinarian?

Clinic Name \_\_\_\_\_ Clinic Phone Number \_\_\_\_\_

I hereby authorize the staff of Mercy Pet Clinic to render any treatment which is deemed necessary to the health of my pet(s) while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with the treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that a deposit is required on all pets admitted to the hospital. I understand that professional fees are to be paid at the time of the service rendered and that should my account payments not be kept in in good standing, that my account may be forwarded to a third party collections agency which may affect my credit rating.

**Download this form, fill it out and e-mail it to [staff@mercypetclinic.org](mailto:staff@mercypetclinic.org) or print it and bring it in with you to your appointment. We will review it and collect your signature when your pet arrives. To Apply for Mercy Discount Pricing, please go to the "New Clients/Forms" page on our website, or ask an MPC team member.**

Signature of Owner / Agent / Good Samaritan \_\_\_\_\_

Date \_\_\_\_\_