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 understand that payment is expected at the time services are rendered. 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 representatives 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 for all pets admitted to the hospital. I understand that if my account is not kept in good standing, a finance fee of $25 will be added to the account and it will 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 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~~ _____