

# Rocky Mountain Veterinary Dermatology

## New client information

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cellular phone \_\_\_\_\_

E-mail \_\_\_\_\_

Pet's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Altered -

Breed \_\_\_\_\_ Birth Date or Age \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Who is your Regular Veterinarian or Hospital Name?

\_\_\_\_\_  
By signing this agreement you are representing that you are the owner or authorized by the owner to make medical decisions and that you are seeking treatment for the above pet from Rocky Mountain Veterinary Dermatology. You are further agreeing to the following:

- 1) Payment for all services provided is to be made at the time of service. Acceptable forms of payment are Cash, Check, Visa, Mastercard or Discovery. **We do not accept Care Credit or Amex.**
- 2) I understand that arriving more than 15 minutes late or cancelling less than 24 hours may require a **non-refundable**, pre-payment of future exam costs when rescheduling. Repeated cancellations may result in dismissal from the practice.
- 3) RMVD would like to continue to work with my pet and cannot be responsible for any care that my pet may get from another veterinarian.

\_\_\_\_\_ Date \_\_\_\_\_

Please sign that you understand and agree to the above policies.