

## Client & Patient Information

Thanks for choosing Missouri Valley Vet for your pet's care! Please complete the following information about you and your pet(s) so we may update our records.



**MISSOURI VALLEY VET**  
COMMERCE PINEHURST MANDAN

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### About You...

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Spouse Phone: (\_\_\_\_\_) \_\_\_\_\_

Preferred Method of Contact:      Cell      Home

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### Release of Medical Records

If we are contacted by another veterinary facility, groomer, or boarding facility regarding your pet's medical history, may we release this information?

- ☐ Yes, Missouri Valley Vet has permission to release my pet's information to third parties.
- ☐ No, I do **not** give Missouri Valley Vet permission to release any information to third parties.

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### Payment Policy

**Our office does not offer billing. Payment is due on the day of service.** We will gladly prepare a written estimate, if you desire. Please ask our doctor during your appointment. A deposit may be required for certain procedures. We accept the following forms of payment: Cash, Personal Check (*can **NOT** be an out of state check*), Credit/Debit, including Care Credit, Visa, MasterCard, Discover, & American Express.

*\*Please note that when writing a personal check, a copy of a valid driver's license will be needed for processing. There is a \$27.00 fee for a returned check in addition to the fees your bank may charge.*

I certify that I am 18 years of age or older and assume responsibility for all charges incurred. I hereby authorize Missouri Valley Vet to treat my pet(s) and furthermore understand that unforeseeable adverse reactions to treatments are always possible and authorize treatment necessary should any reactions occur.

\_\_\_\_\_ Date: \_\_\_\_\_

**\*Signature of Owner or Authorized Caretaker:**

## About Your Pets...

Owner: \_\_\_\_\_

Have any of your pets been seen at another clinic      YES      NO

If yes, please provide information below...

Pet Name(s): \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Clinic Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Species:      Cat      Dog      Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:      Male      Neutered Male      Female      Spayed Female      Unknown

Age / Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Species:      Cat      Dog      Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:      Male      Neutered Male      Female      Spayed Female      Unknown

Age / Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Species:      Cat      Dog      Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:      Male      Neutered Male      Female      Spayed Female      Unknown

Age / Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Species:      Cat      Dog      Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:      Male      Neutered Male      Female      Spayed Female      Unknown

Age / Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Species:      Cat      Dog      Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:      Male      Neutered Male      Female      Spayed Female      Unknown

Age / Date of Birth: \_\_\_\_\_