



Mount Vernon Animal Hospital  
316 Venedale Dr.  
Mount Vernon, Ohio 43050  
740-397-6958

### *Welcome Dog/Cat/Small Animal Client Service Agreement*

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Spouse/Partner: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_@\_\_\_\_\_

**Patient Information:**

Name of Pet: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Spayed/Neuter: \_\_\_\_\_  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_  
Vaccination History: (Check all pet has received)  
Dog: \_\_\_ DHLPP(Distemper,Parvo,Lepto) Heartworm Test \_\_\_ Rabies \_\_\_ Bordatella \_\_\_  
Cat: \_\_\_ FVRCP(Respiratory Diesase) Felv \_\_\_ Rabies \_\_\_ FELV/FIV test \_\_\_  
Prior Surgery? \_\_\_ Yes, What Procedure \_\_\_\_\_  
Other Vaccinations/History: \_\_\_\_\_  
Medications/Supplments: \_\_\_\_\_

Describe your patient's diet: \_\_\_\_\_

Please Check any current symptoms that you have noticed with your pet:  
Behavior change \_\_\_ Lack of Appetite \_\_\_ Depressed/Lethargic \_\_\_ Weakness \_\_\_ Sneezing \_\_\_ Coughing \_\_\_  
Limping \_\_\_ Bleeding Gums \_\_\_ Trouble Breathing \_\_\_  
Diarrhea \_\_\_ Vomiting \_\_\_ Scooting \_\_\_ Scratching \_\_\_ Increased Thirst/Urinations \_\_\_ Loss of  
balance/coordination \_\_\_ Gagging \_\_\_ Eyes bulging or bloodshot \_\_\_ Shaking Head \_\_\_

### ***Authorization and Payment***

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described animal. I assume responsibility for all charges incurred in the care of this/these animals. ALL PROFESSIONAL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED. We will gladly prepare a written estimate if you desire. (Please ask our Dr. or Staff) I also understand that these charges will need to be paid in full at the time services. In case of extensive medical or surgical procedures where full payment may be difficult at discharge, our office accepts Visa, Mastercard, American Express, and Care Credit. There will be a service charge for any check returned unpaid. Also any unpaid balance can result in a monthly service charge.

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

Additional pets:

Patient Information:

Name of Pet: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Spayed/Neuter: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

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