

Rocky Mountain Veterinary Dermatology

New client information

Your Name _____

Home Address _____

City _____

State _____ ZIP _____

Home Telephone _____

Work Telephone _____

Cellular Telephone _____

Email _____

Pet's Name _____ Sex – Female / Male

Breed _____ Spayed/Neutered – Yes / No

Birth Date or Age _____

How did you hear about us? _____

Who is your regular Veterinarian or Veterinary Practice?

By signing this agreement you are guaranteeing that you are the owner of the pet and that you are seeking treatment for your pet from Rocky Mountain Veterinary Dermatology (RMVD). You are further agreeing to the following:

- 1) Payment for all services provided is to be made at the time of service. I understand that I may request an estimate of any services before they are provided.
- 2) 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.

Please sign here that you understand & agree to the above policy.