OWNER INFORMATION

Mission Veterinary Clinic

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Preferred Communication Meth- *Phone* ☐ *Email* ☐ *Text* ☐

Payment

We do not accept cash or checks

Do you have a valid credit/ debit card to pay for today's services in full?

Check One: Yes No

WE ACCEPT

VISA · AMERICAN EXPRESS · scratchpay · MasterCard · DISCOVER NETWORK · CareCredit

PET INFORMATION

Name: _____ Species: Cat Dog Age: _____

Breed: _____ Color: _____

Male: ☐ Female: ☐ Spayed/ Neutered ☐ Up-to-Date Vax: Yes No

ADDITIONAL PET (If also being treated)

Name: _____ Species: Cat Dog Age: _____

Breed: _____ Color: _____

Male: ☐ Female: ☐ Spayed/ Neutered ☐ Up-to-Date Vax: Yes No

JUST A FEW QUESTIONS

Reason for today's visit: _____

List medicines pet is using: _____

If this is an Urgent Care visit, who is your primary vet/ clinic ?_____

Please note: We will be in contact with your primary care veterinarian for all follow-up care.

In case of emergency, do you want us to resuscitate your pet? Yes No

BLS/ Basic Life Support $500-$800 ☐ ***DNR/ Do Not Resuscitate*** ☐

Admin Notes:

All payments are due at the time of services rendered and will be charged accordingly.

Signature: _____ **Date:** _____

- **By signature above, I authorize my credit card(s) to be charged for all services/ payments owed**
- **I also agree that I have read and understand the above statements & agree to all terms and conditions therein.**