

MVS NEW CLIENT FORM

Client name:		Spouse/Partner name:	
<i>First, middle initial</i>		<i>Last</i>	
Ranch/ Farm Name : <i>(if applicable)</i>			
Physical/ Shipping Address:			
<i>Address</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
Billing Address:			
Check if same as physical <input type="checkbox"/>		<i>Address</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
County:		In City Limits:	
Email address:			
SS #: <i>Required for billing</i>		Drivers License #: <i>Required for checks</i>	
Employer:		Employer Phone:	
Cell Phone:		Home Phone:	
Date of Birth:		Spouse Phone:	
Authorized users of account:			
How did you hear about us:			
Facebook Google Flier Radio Personal/Veterinarian Referral (if so, please denote above)			
Please circle how you would like to receive reminders:			
Email	Text	Mail	Phone No Reminders

By signing below I acknowledge that I am the owner or authorized agent of the above described animals and other animals historically associated with this account or in the future and that I assume financial responsibility for all treatments, medications, and other charges. By signing below I also acknowledge and attest that I am an authorized agent or owner of said animals. I understand that payment is due at the time of service unless other arrangements are made in advance. I understand that all billed charges not paid within 30 days are subject to a 15% interest fee that compounds monthly. I also understand that if my account becomes delinquent that it will be sent to collections. Note that you are assuming financial responsibility of all services, medications, and products as an agent of owner, unless they pay for above mentioned.

Owner/Agent signature: _____

Date: _____

If you are an agent please specify owner and their contact info below:

Owner name: _____ Owner phone: _____

Owner address: _____

Owner email: _____