



Welcome to our Practice!



Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information that will help us support your pet's needs today and in the future.

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell # _____

Email Address _____

Employer _____ Work Phone _____

Spouse/Other Employer _____ Work Phone _____

We will gladly prepare a written healthcare plan if you desire (please ask our doctors or technicians). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE**. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we accept Cash, Visa, MasterCard, American Express, Care Credit, Debit Cards, and Personal Checks. I understand that I am responsible for the professional fees I incur for my pet, and agree to pay all court costs, attorney fees, and additional collection fees (usually 40 – 50%) in case of collection if you do not honor that obligation.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

If your pet(s) travel (or have traveled) out of the area, where? _____

How were you referred to us? Please circle one of the following: Television – Newspaper – Phone – Drove By – Another Animal Hospital – Phone Book – Internet – Friend. If you were referred by a friend or hospital please list their name: _____

Please list all your pets below so we can keep them healthy!

Name	M/F	Spay/Neutered	DOB/Age	Breed	Last Dr. Exam
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature of Responsible Agent for Pet(s) _____

Date _____

**1635 Reeves Road,
Bozeman, Montana 59718
Phone: (406) 587-4458
Fax: (406) 994-0338
www.GallatinVetHospital.com**