Tammany Veterinary Hospital

1014 Eastside Highway, Corvallis, MT 59828 406-961-1321

TAMMANY VETERINARY HOSPITALPC

Date _____

NEW CLIENT FORM

CLIENT INFORMATION

Revised: 9/16

Thank you for giving us the opportunity to care for your animal. So that we may become better acquainted, please complete the following:

Name		Spouse/Co-Owne	er's Name		
Address		City	State	Zip	
	Work Phone Spouse/Co-Owner's Work Phone				
Place Of Employment Best Time To Reach You					
	ne aware of our clinic? Drov			Client Oth	er
	nmendation (Whom may we				
	#1	# 2	#3		# 4
NAME					
BREED					
AGE					
COLOR					
SEX					
		VACCINATION H	IISTORY		
TETANUS					
WEST NILE					
ENCEPHALOMYELITIS					
RHINO					
FLU					
	ckyard pet Performand ur horse? Trail Ride Alone: : Time Services Are Rendere	Trail Ride with a Group	Companion to other h		eproduction
Please indicate cho	ice of payment. Cash / C	heck Visa MasterCar	d Discover Ame	rican Express	
over eighteen years I understand and ag collections, includir added to the baland the financial respon	d on all hospitalized animals of age to authorize treatmers of age to authorize treatmers of the that should I default on ag attorney's fee, court costs of my account. Interest was ibility terms that I am agreemmany Veterinary Hospital s	ent. I payment of my accoun Is, and collection agency I accrue on all past due I eing to on this form app	t and it is required to p fees that may be up to be balances at the rate of	oursue collectic 50% of the an of 10% per ann	ons, all costs of nount owed, will be um. I understand that
I have read and und	derstand your Financial Polic	cy.			
Responsible Party	Date		Staff Member		nate