

Tammany Veterinary Hospital, PC
 303 Selway View Road, Corvallis, MT 59828
 406-961-1321



UPDATED CLIENT FORM

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

CLIENT INFORMATION Date _____

Name _____ Spouse/Co-Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse/Co-Owner's Work Phone _____

Place Of Employment _____ Best Time To Reach You _____

E-Mail Address _____

How did you become aware of our clinic? Drove by__ Yellow Pages__ Web Site__ Previous Client__ Other _____

Personal Recommendation (*Whom may we thank?*) _____

	# 1	# 2	# 3
NAME			
BREED			
AGE			
COLOR			
SEX			
VACCINATION HISTORY:			
TETANUS			
WEST NILE			
ENCEPHALOMYELITIS			
RHINO			
FLU			
FECAL			

Our animal is: Backyard pet Performance Working Horse Companion to other horses

How do you use your horse? Trail Ride Alone : Trail Ride with a Group : Competition Locally or in Circuit : Reproduction

All Fees Are Due At Time Services Are Rendered

Please indicate choice of payment. Cash / Check Visa MasterCard Discover American Express

A deposit is required on all hospitalized animals and the balance is due when your animal is released from the hospital. You must be over eighteen years of age to authorize treatment.

I understand and agree that should I default on payment of my account and it is required to pursue collections, all costs of collections, including attorney's fees and court costs, will be added to the balance of my account. Interest will accrue on all past due balances at the rate of 10% per annum.

I have read and understand your Financial Policy.

Responsible Party _____ Date _____ Staff Member _____ Date _____