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www.vet-to-go.com

REGISTRATION FORM/CHECK-IN FORM

Thank you for choosing *Vet-To-Go* for your pet's healthcare needs. Please take a moment to fill out the following information. All information supplied on this form will be kept confidential.

CLIENT INFORMATION

OWNER'S NAME:

SPOUSE'S NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

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CELL PHONE:

()

WORK PHONE:

()

E-MAIL ADDRESS:

****AS OF MAY OF 2016, WE WILL HAVE THE OPTION OF SENDING OUT REMINDERS VIA E-MAIL AND TEXT MESSAGE****

HOW WOULD YOU PREFER TO BE CONTACTED (CHECK ONE)? E-MAIL TEXT MESSAGE PHONE MAIL

-You may "unsubscribe" to this service at any time by e-mailing or texting "unsubscribe"-

WHAT IS THE REASON FOR YOUR VISIT TODAY?

PET INFORMATION

PET NAME	COLOR	SPECIES	SEX (M/F)	ALT. (Y/N)
1.				
2.				
3.				
4.				

FINANCIAL POLICY

ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE UNLESS OTHER PRIOR ARRANGMENTS HAVE BEEN MADE **PRIOR TO** THE APPOINTMENT. WE ACCEPT CHECK, CASH AND CREDIT CARD (MASTERCARD, DISCOVER, VISA AND AMERICAN EXPRESS). A \$35.00 FEE WILL BE CHARGED TO YOU FOR ANY CHECK THAT IS RETURNED UNPAID BY YOUR BANK OR FINANCIAL INSTITUTION. YOU ARE RESPONSIBLE FOR THE PAYING FOR ALL SERVICES RENDERED BY *VET-TO-GO*.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FOR BY *VET-TO-GO*. I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I UNDERSTAND THAT THE FINANCIAL POLICY MAY BE AMENDED AT ANYTIME WITHOUT PRIOR NOTIFICAITON TO THE CLIENT.

CLIENT SIGNATURE:

DATE:

X

WHO MAY WE THANK FOR REFERRING YOU?

HOW DID YOU HEAR ABOUT US?

WEBSITE FACEBOOK GOOGLE PHONE BOOK OTHER _____