

METROPOLITAN VETERINARY ASSOCIATES

CELEBRATING 30 YEARS OF SPECIALIZED VETERINARY SERVICES AND 24 HOUR EMERGENCY CARE



Label Goes Here

Employee Name: _____

Date: _____

Arrival Time: _____

So that we may better serve you, please complete the following:

Owner	Name of Pet
Address	Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline
	Breed Color
City, State, Zip	Sex <input type="checkbox"/> M <input type="checkbox"/> M/Neutered <input type="checkbox"/> F <input type="checkbox"/> F/Spayed
	Date of Birth (if unknown please indicate age)
Home phone # Contact me at this # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Co-Owners Name
Work phone # Contact me at this # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Co-Owners Cell Phone #
Cell phone # Contact me at this # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Family Veterinarian
Owner E-mail address	Family Veterinarian Clinic Name
How did you hear about us? <input type="checkbox"/> Family Veterinarian <input type="checkbox"/> Friend <input type="checkbox"/> Previous Visit <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Other (describe): _____	

Authorization

I hereby authorize the veterinarians at Metropolitan Veterinary Associates & Emergency Services to examine, treat and prescribe for the above described patient. I agree to assume responsibility for all charges incurred in the care of this patient and understand that services and/or products provided are payable in full at the time of discharge. I further understand that I am responsible for services and/or products not paid for at the time of discharge that were incurred during the exam or hospitalization with Metropolitan Veterinary Associates. I understand that for procedures, an estimate of the fees for veterinary services will be provided and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's treatment. A deposit of 50% on the high end of the estimate is required upon admittance into our hospital. Please be advised that certain prescription drugs may be available at your local pharmacy and you have the right to request written prescriptions. Please note that our Emergency Service department does not accept checks.

I have read, understand and agree with the above information.

Signature of Owner

Date



2626 VAN BUREN AVE, NORRISTOWN, PA 19403



610.666.1050



610.666.1199



METRO-VET.COM

