



**MOUNTAIN VIEW  
VETERINARY CLINIC**

PROVERBS 12:10

**10187 Taryne Street Hayden, Idaho 83835 (208) 772-7484**

*Welcome to Mountain View Veterinary Clinic!*

**Please complete all the information on both yourself (top portion) and your pet (lower portion).**

DATE \_\_\_\_\_

YOUR NAME \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

CELL  OK TO TEXT

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE # (FOR CONTROLLED MEDICATION DISPENSING) \_\_\_\_\_

EMAIL \_\_\_\_\_ *This email will be used for your pet's online account via the Pet Desk App*

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_ OK TO CALL

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S PHONE \_\_\_\_\_

CELL  OK TO TEXT

SPOUSE'S EMPLOYER \_\_\_\_\_

CHILDREN'S NAMES \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

MAY WE POST PHOTOS OF YOUR PET TO SOCIAL MEDIA? YES  NO

PREVIOUS ANIMAL HOSPITAL \_\_\_\_\_ PERMISSION TO REQUEST A COPY OF MEDICAL RECORDS

SIGNATURE \_\_\_\_\_

**FIRST PET:** DOG  OR CAT

PET NAME \_\_\_\_\_ SEX \_\_\_\_\_ NEUTERED/SPAYED? \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ COLOR \_\_\_\_\_ BREED \_\_\_\_\_

**SECOND PET:** DOG  OR CAT

PET NAME \_\_\_\_\_ SEX \_\_\_\_\_ NEUTERED/SPAYED? \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ COLOR \_\_\_\_\_ BREED \_\_\_\_\_