

Bear Paw Veterinary Service

Down Load the Pet Desk App today. Follow Us on Facebook!

Date: _____

Owner's Name: _____ Owner's Cell Phone: _____

Spouse's Name: _____ Spouse's Cell Phone: _____

Home Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Billing Address (If different from above): _____

Would you like to receive **vaccine** reminders via email? _____

Would you like to receive **appointment confirmation** through e-mail or text? _____

If Yes-e-mail address & cell you would like us to use?

Email: _____

Cell Number: _____

Would you utilize email correspondence for questions or concerns? _____

Employer's Name: _____ Work Phone: _____

Spouse's/ Other Employer Name: _____ Phone: _____

Close Friend/ Relative Phone #: _____

If referred, whom can we thank? _____

How did you hear about us? _____

Authorization

Please Read and Sign

I assume responsibility for all charges incurred in the care of my animal(s). **I understand that these charges will be paid at the time of release and that a deposit may be required for treatment.**

The undersigned agree to pay a reasonable attorneys fee, in addition to other costs, of the collection of the services rendered by an attorney, either with or without suit. Proper venue for any suit upon these services rendered is agreed to be in Hill County, Montana.

Owner or responsible party _____

2-13-19