Mountain Home Veterinary Hospital
302 Middle Creek Rd
Sevierville, TN 37862
865-453-9346

Christopher Buckner D.V.M. Amy Thomason D.V.M. Jennifer Papworth M.V.B

Client Information

Date: _____ Name: _____ Mr. Ms. Other _____
Last Name First Name Middle Initial

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Significant Others Name: _____ Phone: _____

Do you wish to receive text messages to confirm your pet's appointment?
YES____ NO____

E-mail Address: _____
If provided this will be for Mountain Home Veterinary Hospital use only! (Reminders, Specials, etc.)

*Driver's License #: _____

Name of employer: _____ Position: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Pet Information

Pet's Name: _____ Sex: M Neutered Unknown
F Spayed

Birthdate: _____ Age: _____ Breed: _____ Color: _____

Species: Avian Canine Feline Reptile Rodent

Describe the reason for your pet's visit: _____

_____

If you have more than one pet please put their information on the back side of this page.

Payment Policy

We will gladly prepare a written treatment plan if you desire (please ask our doctor or technician/assistant). ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or you may ask about financing available through CARE CREDIT!
*WE DO NOT ACCEPT OUT OF TOWN CHECKS AS PAYMENT.
To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from all internal and external parasites. The signature below authorizes this level of preventive care and the services deemed necessary by attending veterinarian when services are rendered. A SIGNATURE IS REQUIRED.

Signature Required

Signature of Client Responsible for Pet(s): _____ Date: _____

I will be paying with: Cash ____ *Check(local only) _____ Visa/MasterCard/Amex/Discover _____ Care Credit (if applicable)____

Driver's License # REQUIRED FOR PAYMENT WITH CHECK