



149 N Main Street
Morgantown, WV 26505
304.599.3111 office
304.599.3128 fax

CLIENT REGISTRATION

NAME: _____ **DATE:** _____

Last First Middle

ADDRESS: _____

Street City State Zip

CONTACT INFORMATION:

HOME: () - **CELL:** () - Text reminders? YES NO

EMAIL: _____ Email reminders? YES NO

OCCUPATION: _____ **EMPLOYER:** _____

ALTERNATE CONTACT: _____ **PHONE:** () -

DRIVER'S LICENSE NUMBER/ISSUING STATE: _____

DATE OF BIRTH: _____

How did you hear about Morgantown Veterinary Care?

Google [] Facebook [] Current Client [] _____ Other [] please specify _____

Authorization and Responsibility Statement:

- I hereby authorize Morgantown Veterinary Care (MVC) to provide veterinary medical services for any animal that an authorized agent or I present at MVC. I specifically, but not exclusively, authorize MVC to perform diagnostic procedures, administer medications (including anesthetics), perform surgical procedures, or additional procedures as deemed necessary during evaluation and treatment of a medical problem.
- I certify that animals presented to MVC for veterinary medical care are my legally owned pets or are legally in my charge, and that I am eighteen years of age or older.
- I assume full financial responsibility for services rendered. I understand that payment is due at the time services are completed, and that finance or bookkeeping charges accrue on all unpaid balances.
- I accept that the practice of veterinary medicine is not an exact science with variable and sometimes unexpected results. For this reason, neither the Doctors nor staff at MVC is able to predict with absolute certainty the outcome of any medical or surgical treatment. I have read and understood the above statements.

Signature: _____

Date: _____

Receptionist _____

ACCT _____