

Great Plains Veterinary Clinic

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Vaughn, MT 59487
(406) 315-7734
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<https://greatplainsvetclinic.com>



Welcome to Our Practice!

Thank you for giving us the opportunity to care for your pet! Please help us meet your needs better by taking a moment to share some important information. Must be 18 years of age or older to complete this form.

Primary Contact Name	Primary Contact Phone Number
<hr/>	<hr/>

Primary Contact Email Address

Secondary Contact Name & Number

Home Street Address

Home City	Home State	Home Zipcode
<hr/>	<hr/>	<hr/>

Pet Information - below please indicate your pet (or pets) name, approximate age or DOB, breed, color, and indicate male/female and if your pet is spayed or neutered.

How did you hear about us?

<input type="checkbox"/> Family/Friend (please indicate below)	<input type="checkbox"/> Internet search	<input type="checkbox"/> Facebook/Instagram/Social Media	<input type="checkbox"/> Other (please indicate below)
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Is anyone in your home (human or pet) allergic to peanut butter or have another allergy?

☐ Yes - Peanut Allergy

☐ No Allergies

☐ Yes - other Allergy -

Indicate Below

Do you currently use pet insurance, Pet Assure, boarding or daycare facilities, specialty vets, or have any other affiliations you'd like us to know about?

Notification Settings - We use text messages and email to communicate appointment reminders, as well as your pet's health reminders (vaccines, exams, etc), and occasional emergency closure notices. If you would like to opt OUT of these reminders, please indicate below.

☐ I consent to text and email notifications at the above primary cell number and email.

☐ I consent to email notifications ONLY.

☐ I consent to text notifications ONLY. I am aware I will not receive my pet's reminders and will need to use the PetPortal to see when they are due for services.

☐ I decline both email and text notifications. I am aware I will not receive my pet's reminders and will need to use PetPortal to see when they are due for services..

I, _____, the undersigned, am the owner or agent for the owner of the animal(s) described, and I have the full and exclusive authority to execute this consent.

- I certify that I am 18 years of age or older.
- I give permission to doctors, staff, authorized agents, or representatives of this hospital to examine, prescribe for, and treat my pets.
- I agree to pay for all services rendered and medications, goods, and supplies when purchased.
- I understand that all fees are due at the time services are rendered and the hospital accepts cash, check, and all major credit cards.
- I understand that a deposit may be required for surgical or medical treatment.
- I understand that if my pet ever requires overnight hospitalization, there will not be overnight supervision provided.
- I release this hospital from any and all liabilities.

By my signature below, I hereby acknowledge that I agree to all of the above and acknowledge the receipt of a copy of this agreement upon request.

Owner/Agent Name

Date

Owner/Agent Signature

Is there anything else you'd like us to know?

Did you know we have a Pet Portal? Here, you can view your pet's recent health history, download vaccine certificates, request refills,

request appointments, and more! Visit our website to learn more!