Fairview Veterinary Center
1114 Main St, Buhl, Idaho 83316 208-543-2600
fairviewveterinarycenter@gmail.com
Bryan Johnson DVM

*WHO MAY WE THANK FOR REFERRING YOU?*_____

OWNERS INFORMATION

NAME:_____ **Phone#:**_____

ADDRESS:_____
Street *City/State* *Zip*

EMAIL:_____

EMPLOYER_____ ***PHONE:***_____

SPOUSE:_____ ***PHONE#:***_____

SPOUSE EMPLOYER:_____ **PHONE#:**_____

EMERGENCY CONTACT:_____ **PHONE#:**_____

Please circle one: ***(Relative, Friend, Room Mate, Guardian,)***

PETS INFO	**1**	**2**	**3**
NAME:			
DOB/AGE			
BREED:			
COLOR:			
SEX:			
SPAYED/NEUTERED?			

LAST VACCINATION DATE:

_____ _____ _____

WOULD YOU LIKE TO RECEIVE REMINDER TEXTS ABOUT YOUR PET'S VACCINES?_____

PHONE#_____ **PHONE PROVIDER**_____

PAYMENT METHOD (CIRCLE ONE) PAYMENT IS REQUIRED AT TIME OF SERVICE.

1. CREDIT/DEBIT CARD 2.CASH 3. CARE-CREDIT

WE DO NOT ACCEPT CHECKS AS A FORM OF PAYMENT.

I UNDERSTAND THAT THERE IS NO BILLING AVAILABLE THROUGH THIS OFFICE AND I ACCEPT FULL FINANCIAL RESPONSIBILITY FOR ALL SERVICES RENDERED

AFTER HOURS/EMERGENCIES ARE SUBJECT TO ADDITIONAL FEES WITH FEES DUE AT TIME OF SERVICE

SIGNATURE_____ **DATE:**_____