



**Butte Veterinary Center**  
 3302 Monroe Avenue  
 Butte, MT 59701  
 P:406-299-2102  
 F:406-302-0508  
 E:buttevetcenter@gmail.com

**OWNER INFORMATION**

Name \_\_\_\_\_ D.O.B \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer/Occupation \_\_\_\_\_

By checking this box, I agree to text and email messages

**EMERGENCY/SECONDARY CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Pet 1	Pet 2
Name: _____	Name: _____
Species: Canine Feline Equine Other: _____	Species: Canine Feline Equine Other: _____
Breed: _____	Breed: _____
Sex: _____	Sex: _____
Neutered or Spayed? Yes or No	Neutered or Spayed? Yes or No
Age: _____ Color: _____	Age: _____ Color: _____
Current on vaccinations: Yes or No	Current on vaccinations: Yes or No
Previous Vet: _____	Previous Vet: _____
Reason for Visit _____	Reason for Visit _____
Brief Medical History: _____	Brief Medical History: _____
_____	_____
_____	_____

\*Add any additional pets on back of the page.

**PAYMENT IS DUE AT TIME OF SERVICE**

We will gladly prepare a written estimate for your visit. **ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at time of discharge, we accept Cash, all major Credit Cards, Care Credit, and Scratch Pay. **NO PAYMENT PLANS WILL BE OFFERED.**

- There will be a 15% annual interest charge assessed on all outstanding invoices older than 30 days. All fees will capitalize at each new billing cycle before new interest or charges are assessed. After 90 days if outstanding balances are not paid in full, the account will be sent to collections. Should the account be referred to a collection agency, the undersigned shall pay all collection expenses

We thank you for choosing Butte Veterinary Center to take care of your beloved pet and hope for your continued support. We are here to help so please feel free to ask any questions.

I have read, understand, and agree to the above statements and policies and hereby authorize Butte Veterinary Center to render medical and/or surgical care for my pet(s)

Signature \_\_\_\_\_ Date \_\_\_\_\_