



SHILOH VETERINARY HOSPITAL

345 Shiloh Rd., Billings, Montana 59106
(406) 656-1910 www.yellowstonevalleyvet.com

Dell Kay Bertino, DVM Marci Cook, DVM



Registration Information

Today's Date: _____ Owner's name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Emergency contact number: _____
Drivers License#: _____ Senior citizen: _____ Military: _____
Occupation: _____ Employer's name: _____

Spouse's name: _____

Would you like to be contacted by e-mail? Yes/No (We will send reminders and news letters via e-mail)

E-mail address: _____

PAYMENT IS EXPECTED AT TIME OF SERVICE

Method of payment:

Check _____ Credit card _____ Cash _____ Care Credits _____ Other _____

Pet information

Primary reason for visit: _____

Pet's name: _____ Species: Canine/Feline/Exotic Breed: _____

Birth Date or Age: _____ Sex: Male/Female Neutered/Spayed

Vaccination history (date and type of last vaccinations): _____

Previous Veterinary Hospital _____ Phone _____

Pet's current medications: _____ Diet: _____

Other pets: _____

How did you hear about us? _____

If recommended, who can we thank? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume full responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release.

Signature of owner (agent): _____

Thank you for choosing Shiloh Veterinary Hospital
(406) 656-1910