

VALLEY VETERINARY CLINIC REGISTRATION

Please provide us with the following information so that we may provide you and your pet with the finest service possible.

| | | |
|--|-------|------|
| Your Name _____ Spouse _____ | | |
| MR MRS MS DR | FIRST | LAST |
| Home Address _____ Apt # _____ | | |
| City _____ State _____ Zip Code _____ | | |
| Home Phone () _____ - _____ Work Phone () _____ - _____ | | |
| Cellular () _____ - _____ Fax () _____ - _____ E-mail _____ | | |
| How Do You Most Prefer To Be Contacted? Home Work Cellular Fax E-mail | | |
| Employer _____ Occupation _____ | | |
| Work Address _____ | | |
| City _____ State _____ Zip Code _____ | | |
| Preferred Payment Method? Cash Check Visa/Master Card Discover | | |
| Driver's License Number _____ Birthdate _____ | | |
| Social Security Number _____ | | |
| <i>If we are unable to reach you, who may we contact in case of emergency?</i> | | |
| Name _____ Phone () _____ | | |
| Do you authorize this person to make urgent treatment decisions if you are unreachable? Yes No | | |

| | | | |
|--|--|--------------------------------|--|
| How did you hear about us? <i>(please mark all that apply)</i> | | | |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper Article |
| <input type="checkbox"/> Magazine <i>(which one?)</i> _____ | <input type="checkbox"/> Friend <i>(who?)</i> _____ | | |
| <input type="checkbox"/> Veterinarian <i>(who?)</i> _____ | <input type="checkbox"/> Pet Store <i>(who?)</i> _____ | | |
| <input type="checkbox"/> Saw Sign | <input type="checkbox"/> Other _____ | | |

| | |
|---|------------|
| <i>I hereby authorize Valley Veterinary Clinic to render surgical and medical care for my pet (s) as deemed necessary by the veterinarian. I understand that payment is required in full before surgery, treatments, or diagnostics can be initiated and that no guarantee can be given to the outcome.</i> | |
| Signature _____ | Date _____ |

Continued On Reverse

Please provide us the following information about your pet (s) :

| | Pet #1 | Pet #2 | Pet #3 | Pet#4 |
|---------------|--------|--------|--------|--------|
| Name | | | | |
| Species | | | | |
| Breed | | | | |
| Sex | M F | M F | M F | M F |
| Date of Birth | | | | |
| Neutered | Y N | Y N | Y N | Y N |
| Color | | | | |
| Vaccines Due | | | | |

Does your pet have any special conditions or needs of which we should be aware? Y N

If so, please explain: _____

Does your pet have any special needs, concerns, or attributes of which we should know?

