



Valley Veterinary Clinic

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 _____

If we are unable to reach you, who may we contact in case of emergency?

Name _____ Phone () _____

Do you authorize this person to make urgent treatment decisions if you are unreachable? Yes No

How did you hear about us? (please mark all that apply)

Yellow Pages Television Radio Newspaper Article

Magazine (which one?) _____ Friend (who?) _____

Veterinarian (who?) _____ Pet Store (who?) _____

Saw Sign Other _____

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. An interest charge of 1.5% will be added each month to any unpaid balance as well as any collection expenses incurred.

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?
