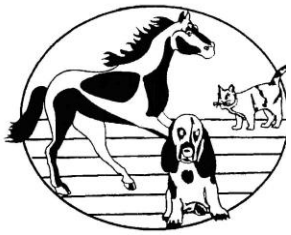

WELCOME

VALLEY VETERINARY CLINIC

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you.

REGISTRATION

Date:_____

Owner_____

Address_____

Spouse_____

Home Phone_____Work Phone_____Cell#_____

Emergency Contact Name_____Phone_____

E-mail Address:_____

How did you learn about our clinic? □ Yellow Pages □ Recommendation

□ Sign □ Other_____

If Recommended, who can we thank?_____

Number of pets: Dogs_____Cats_____Other_____

Reason for visit_____

PET HEALTH HISTORY

Name of pet_____Dog □ □ Cat □ Other_____

Breed_____Color_____Birthdate_____

□Male □Neutered □Female □Spayed

Vaccination History (Date and type of last vaccination)_____

_____

Please check any symptoms or problems that you have noticed about you pet.

□ Behavior Problems	□ Lack of Appetite	□ Sneezing
□ Bleeding Gums	□ Limping	□ Thirst &/or Urination increase
□ Breathing Problems	□ Loss of Balance	□ Vomiting
□ Coughing	□ Scooting	□ Weakness
□ Diarrhea	□ Scratching	□ Other_____
□ Eye Bulging or Bloodshot	□ Seems Depressed	_____
□ Gagging	□ Shaking Head	

Pet's current medications_____

_____

PREVIOUS VETERINARIAN

Name:_____Would you like your pets medical history transferred to our clinic? Yes □ No □ Initial_____

AUTHORIZATION

I, THE UNDERSIGNED, AND OWNER OR AUTHORIZED AGENT OF THE ABOVE MENTIONED PETS, DO HEARBY AUTHORIZE VALLEY VETERINARY CLINIC TO PERFORM SUCH EXAMINIATIONS, DIAGNOSTIC TEST AND TREATMENTS AS AGREED UPON. I FURTHER AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL COSTS FOR SUCH PROCEDURES AND TREATMENTS. I UNDERSTAND THAT FULL PAYMENT IS DUE AT THE TIME OF SERVICES RENDERED. FAILURE TO PAY BILLS ON TIME WILL RESULT IN BILLING, FINANCE CHARGES AND/OR COLLECTIONS AND ANY COLLECTION FEES INCURRED

_____ _____

Signature Date