

Valley View Veterinary Hospital



Welcome

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 out this form. Thank you!

REGISTRATION

Owner _____ Spouse/ Other _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Spouse/ Other Phone _____

Email (for healthcare reminders) _____

Emergency Contact Name and Number _____

How did you learn of our clinic? Phone Book Internet Drive by Recommendation
 Other _____

If recommended, whom may we thank? _____

PET HEALTH HISTORY

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Age/ Birth date _____

Circle: Male / Neutered Female / Spayed

Previous veterinarian (if applicable): _____

Pet's current medications and diet: _____

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

REASON FOR VISIT (problems and/or symptoms): _____

ADDITIONAL PETS ON BACK OF FORM

AUTHORIZATION

I hereby authorize to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of owner _____ **Date** _____

Method of payment Cash Check VISA Master Card Other _____

If you are paying with a check, you MUST provide a Drivers License or State ID to be photo copied.