



The Valley Veterinary Clinic

Welcome To Our Practice!

Please Print:

Pet Owner's Name _____ Spouse/Other _____

Pet Owner's Address _____

City, State, Zip Code _____ email _____

Best phone number (work, home and/or cell) _____

Pet's Name _____ Age _____

Dog _____ Cat _____ Other _____ Male _____ Female _____

Spayed/Neutered Yes _____ No _____ Breed _____ Color _____

Date of last veterinary visit _____ Name of last veterinarian, if any _____

Past vaccination history _____

What do you feed your pet? Canned _____ Dry _____ Brand _____

Heartworm tested? Yes _____ No _____

Feline Leukemia tested? Yes _____ No _____ Does your cat go outside? Yes _____ No _____

Please list current or past medical problems or any problems associated with vaccinations.

Is your pet taking any medication, vitamins or supplements? Yes _____ No _____

If yes, please list them

I authorize the **veterinarian** to **examine, prescribe for** and **treat** any of my animals. I **assume responsibility** for all charges incurred in the care of the animal. I also understand that these **charges** will be **paid at the time of release** and that a **deposit** may be required for **surgical treatment**. I understand that in the event of **default** of the payment policy I agree to pay all collection costs but not limited to attorney fees, court costs and collection agency fees up to 50% of the unpaid balance. There will be a **\$5.00 service charge** for any unpaid balance.

We will gladly prepare a written estimate if you desire (please ask our doctors or technicians). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take all major credit cards and CareCredit, or can establish a payment arrangement if approved in advance of the treatment. There will be a \$25.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites.

The signature line below authorizes that you have read and understand all of the above information. Thank You.

Owner's Signature _____ Date _____