

Thank you for choosing PLEASANT VALLEY PET CLINIC. In order to maintain communication about your pets care, please take a moment to give us the following information:

CLIENT INFORMATION:

MR. MRS. MS. DR. LAST NAME _____ FIRST _____

DO YOU PREFER TO BE REFERRED BY YOUR FIRST NAME OR LAST NAME?

MAILING ADDRESS _____ CITY _____ ZIP _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE# _____ WORK PHONE# _____ EXT _____

CELL PHONE# _____ CELL CARRIER (FOR TEXT MESSAGES) _____

EMPLOYER _____

DRIVERS LICENSE# _____ STATE _____ EXPIRATION _____

EMAIL ADDRESS _____ @ _____

CO-OWNER (or) SPOUSE LAST NAME _____ FIRST _____

WORK PHONE# _____ EXT _____ CELL PHONE# _____

DOES YOUR PET HAVE PET INSURANCE? YES NO

IS YOUR PET THE BEST PET IN THE WORLD? YES NO

WOULD YOUR PET LIKE HIS/HER PHOTO POSTED ON OUR FACEBOOK PAGE? YES NO

HOW WERE YOU REFERRED TO OUR ANIMAL HOSPITAL? FRIEND/RELATIVE

OUR WEBSITE PHONE BOOK/YELLOW PAGES ANIMAL SERVICES/SHELTER

OTHER ONLINE SOURCE SIGN/DROVE BY OTHER _____

MAY WE REQUEST A COPY OF YOUR PETS MEDICAL RECORDS FROM ANOTHER VETERINARIAN?
 YES NO ANIMAL HOSPITALS NAME _____

WE OFFER PAYMENT PLANS THROUGH CARE CREDIT. WOULD YOU LIKE TO APPLY? YES NO

I acknowledge that I am seeking veterinary care for my pet, and I certify that I accept financial responsibility for all charges incurred. I understand that payment in full is due at the time of service, and that service charges will accrue on any unpaid balance. A deposit is required for all hospitalized animals.

PAYMENT METHOD: VISA/MC/DEBIT DISCOVER CARE CREDIT CASH CHECK (ELECTRONIC)

SIGNATURE: _____ DATE: _____

For the safety of all animals here, it is our policy that all hospitalized patients be free of parasites and current on vaccinations.