

Welcome

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill out this form. Thank You!

Registration

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Spouse: _____ Home Phone: _____

Work Phone: _____ Spouse Work: _____

Cell Phone: _____ Spouse Cell: _____

E-Mail Address: _____

Would you like E-Mail reminders? ☐ Yes ☐ No

Emergency Contact Name: _____ Phone: _____

How did you learn about our clinic?

☐ Recommended, by whom? _____

☐ Yellow Pages ☐ Sign ☐ Recommendation ☐ Internet/Facebook ☐ Yelp

☐ Other* ☐ *If Other, please explain _____

Pet Health History

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birth Date: _____

Gender: Male Male Neutered Female Female Spayed

Major Surgeries or Medical Illnesses: _____

Current Medications (including vitamins/supplements): _____

Current Diet (Including Treats): _____

Pet Health History

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birth Date: _____

Gender: Male Male Neutered Female Female Spayed

Major Surgeries or Medical Illnesses: _____

Current Medications (including vitamins/supplements): _____

Current Diet (Including Treats): _____

Pet Health History

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birth Date: _____

Gender: Male Male Neutered Female Female Spayed

Major Surgeries or Medical Illnesses: _____

Current Medications (including vitamins/supplements): _____

Current Diet (Including Treats): _____

Pet Health History

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birth Date: _____

Gender: Male Male Neutered Female Female Spayed

Major Surgeries or Medical Illnesses: _____

Current Medications (including vitamins/supplements): _____

Current Diet (Including Treats): _____

Our payment policy requires payment in full at the end of your appointment.

Payment options include: *Cash * Check *American Express *Visa *Mastercard
*Discover *Care Credit

If checks are returned to Green Valley for Not-Sufficient Funds (NSF), the client will incur a charge of \$35 to their account. Payment with cash or credit card is required to settle the account. If you have an outstanding bill, we cannot provide additional services until the past-due balance is paid in full.

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this 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.

Signature of Owner: _____ Date: _____
