

# Valley Creek Veterinary Hospital

## Patient/Client Information

Thank you for giving us the opportunity to care for your pet(s). Please help us better meet your needs by taking a few moments to fill out both pages of this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner's Cell Phone #: \_\_\_\_\_ Spouse/Other Cell Phone #: \_\_\_\_\_

Owner's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouses/Other Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Owner's Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

### **Payment is due at the time services are rendered.**

**We accept cash, check, Visa, Mastercard, Discover, American Express or Care Credit.**

How did you hear of our hospital?

( ) Radio ( ) Internet ( ) Newspaper ( ) Sign

( ) Individual \_\_\_\_\_ ( ) Other \_\_\_\_\_

To help prevent the spread of infectious diseases, hospitalized, boarded, or bathed animals must be current on all vaccinations.

**DUE TO SATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION.** Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable cost of collection in the event that collection efforts become necessary. I understand that a service fee of \$30.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up (animal) within 5 days of the discharge date and do not notify you within that time period, you may assume that the (animal) is abandoned and are hereby authorized to dispose of (animal) as you deem best and/or necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ANIMAL MEDICAL HISTORY

Please complete information for all your pets – Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name:			
Species: (Dog, Cat, Bird, etc.)			
Breed:			
Description: (Color & Markings)			
Age or Date of Birth: (Approximate)			
Sex: (circle one)	Male / Female	Male / Female	Male / Female
Altered or Spayed? (circle one)	Yes / No	Yes / No	Yes / No
Diet: (Name of your pet's food)			
Daily Medications, Vitamins or Treats:			
Medical History – Prior Illness/Surgery:			
<b>VACCINATIONS</b>	Please note the dates the following vaccines/test were given or provide copy of your pet's vaccination records from previous veterinary hospital.		
	Pet #1	Pet #2	Pet #3
<b><i>DOGS:</i></b>			
DA2LPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Rabies			
Other Vaccines – Please Specify			
Heartworm Test			
Fecal Test? (Stool Exam for Worms)			
	Pet #1	Pet #2	Pet #3
<b><i>CATS:</i></b>			
FVRCP (Infectious Diseases)			
FELV (Feline Leukemia)			
Rabies			
Other Vaccines – Please Specify			
FELV Test or FIV Test?			
Fecal Test (Stool Exam for Worms?)			