Valley View VETERINARY CLINIC

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

NEW CLIENT REGISTRATION

Owner _____ DL# or SS#_____ State _____

Address _____

City _____ State _____ Zip _____

Home Ph# _____ Work Ph# _____ Cell Ph# _____

Family Member/SO/Spouse _____ Phone # _____

Employer _____

How did you learn about our clinic? If recommended, by whom _____

Reason for Visit _____

E-mail _____ Would you prefer to receive reminders via e-mail? Yes/No

Emergency Contact Name & PHONE # _____

AUTHORIZATION

I hereby authorize Gary E. Lewis, DVM, Andy W. Fisher, DVM, Michael Harrington, DVM, Allison Hale, DVM and Anne Elise Hertl, DVM to examine, prescribe for, and/or treat the above-described pet. I assume responsibility for all charges 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 _____

PET HEALTH HISTORY

Name of Pet _____ ☐ K-9 ☐ Feline ☐ Other _____

Breed _____ Color _____ Age _____

☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female

Vaccination History (Date & Type of Last Vaccinations) _____

_____

Current Medications _____

Please check (✔) any symptoms or problems that you have noticed about your pet.

☐ Behavior Problem
☐ Bleeding Gums
☐ Breathing Problems
☐ Coughing
☐ Diarrhea
☐ Eye Bulging or Bloodshot
☐ Gagging
☐ Lack of Appetite
☐ Limping
☐ Loss of Balance
☐ Scooting
☐ Scratching
☐ Seems Depressed
☐ Shaking Head
☐ Sneezing
☐ Thirst & or Urination Increase
☐ Vomiting
☐ Weakness
☐ Other _____
_____
_____

2. Name of Pet _____ ☐ K-9 ☐ Feline ☐ Other _____

Breed _____ Color _____ Age _____

☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female
Vaccination History (Date & Type of Last Vaccinations) _____
_____

Current Medications_____

3. Name of Pet _____ ☐ K-9 ☐ Feline ☐ Other _____

Breed _____ Color _____ Age _____

☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female
Vaccination History (Date & Type of Last Vaccinations) _____
_____

Current Medications_____

4. Name of Pet _____ ☐ K-9 ☐ Feline ☐ Other _____

Breed _____ Color _____ Age _____

☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female
Vaccination History (Date & Type of Last Vaccinations) _____
_____

Current Medications_____

5. Name of Pet _____ ☐ K-9 ☐ Feline ☐ Other _____

Breed _____ Color _____ Age _____

☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female
Vaccination History (Date & Type of Last Vaccinations) _____
_____

Current Medications_____

6. Name of Pet _____ ☐ K-9 ☐ Feline ☐ Other _____

Breed _____ Color _____ Age _____

☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female
Vaccination History (Date & Type of Last Vaccinations) _____
_____

Current Medications_____