

Apple Valley Animal Hospital

Date _____

Who may we thank for referring you?

Already an established client

Phone Book Drove By Internet Friend/Family (name) _____ Other _____

Last Name _____ First Name _____ Spouse _____

Mailing Address _____

City _____ State _____ Zip _____

Please place a check mark by the primary phone number for contact by the doctor and staff:

Home Phone _____ Work Phone _____

Cell Phone _____ Alternate Phone _____

*Email address _____

*(Allows on-line access to your personal Pet Portal - including our On-Line Store and pet medical info!)

Self:

Spouse:

Employer _____ Employer _____

Address _____ Address _____

*Drivers License # _____ *Drivers License # _____

Emergency Contact Information: Individual(s) I authorize to access medical records and to make health care & financial decisions in my behalf for my pet:

Name _____ Phone _____

Payment Policy:

- Payment is due on the day services are rendered
- Deposits must cover services provided or the low end of the estimate
- We accept cash, checks, VISA, Master Card, American Express, Discover & Care Credit
- There will be a \$20 charge on all returned checks *If paying by check – Driver's License is required

I have read and agree to the payment policy outlined above:

X

Signature (Must be 18 years of age or older)

Date

Pet Information:

Name _____ Age _____ Sex (M/F) _____

Dog/Cat/Other _____ Breed _____ Color _____

Vaccine History _____ Spayed/Neutered _____

Reception Use: Client # _____ Picture Taken _____ Entered By: _____ Scanned By: _____