

**GREEN VALLEY VETERINARY CLINIC**  
**NEW CLIENT INFORMATION**

Client # \_\_\_\_\_

Owner: \_\_\_\_\_ Additional Owner: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

We value your personal information. Your email will only be used for notifications from Green Valley Veterinary Clinic.

Additional Authorized Contact Name & Number: \_\_\_\_\_

You authorize us to speak to his person about your pet's care in the event we cannot reach you.

How did you hear about us?     Family/Friend     Walk by     Website     Online Search     Google     Yelp

If you were referred by a client, please tell us who so we can say "Thank You" \_\_\_\_\_

What social media do you use?     Facebook     Twitter     Instagram     LinkedIn     Google+

**NEW PATIENT INFORMATION**

Pet's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Dog     Cat    Other: \_\_\_\_\_

Dog     Cat    Other: \_\_\_\_\_

Sex:     Male     Neutered     Female     Spayed

Sex:     Male     Neutered     Female     Spayed

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_    Color: \_\_\_\_\_

Age: \_\_\_\_\_    Color: \_\_\_\_\_

Previous Health Issues: \_\_\_\_\_

Previous Health Issues: \_\_\_\_\_

Name & Number of your pets' previous Veterinarian? \_\_\_\_\_

May we have your consent to share your pets' image on our social media and/or website? Your full name and personal information will never be used.     Yes, please make my pet a star!     No thank you, my pet is shy

To allow ample time for all patients and surgical procedures, Green Valley Veterinary Clinic operates primarily by appointment. We are available to see Walk-Ins, Urgent Care and Emergencies at an increased fee schedule. If you must cancel an appointment, we ask for 24 hours' notice. If cancelling a surgical appointment, we ask for 48 hours' notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

Current vaccinations are required by Green Valley Veterinary Clinic before we may admit any animal for any reason. These measures are taken to protect the well-being of all animals within our hospital.

Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet (s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due in full at the time of service. For your convenience we accept Visa, Mastercard, Discover, American Express, Care Credit, Scratchpay or cash. Please stop at the reception desk to review and pay for services.

I confirm that the above information is correct and that I am the owner or authorized agent of the patient(s) listed above, and I am at least 18 years old.

Signature \_\_\_\_\_

Date \_\_\_\_\_