

Date: _____

New Client/Pet Information
Please Complete All Three Pages Of This Form.

Client's Name: _____
Last First MI

Address: _____
Street

City State Zip Code

Email: _____

Primary Phone Number: _____

Cell Phone: _____ Work Phone: _____

If writing checks: Driver's License #: _____

Employer: _____
Name

Address: _____
Street

City State Zip Code

Pet Information (Check One): Cat _____ Dog _____ Other _____
Male _____ Female _____
Altered: Yes _____ No _____

Pet's Name: _____ Color/Markings: _____

Breed: _____ Date of Birth: _____

PET QUESTIONNAIRE

Does your pet have a microchip? _____

Do you have a record of vaccinations for your pet? _____ Are they current? _____

What recent vaccinations has your pet had and when?

FOR DOGS: DATE:

Rabies _____

Lymes _____

Bordatella _____

DHLPP-C _____

Influenza _____

FOR CATS: DATE:

Rabies _____

FIP _____

Feleuk _____

PRC-C _____

When was your pet's last fecal test? _____ What were the results? _____

When was your dog's last heartworm test? _____ What were the results? _____

Is your dog on heartworm medication? _____ What type? _____

Is your pet on any type of Flea & Tick control? _____ What type? _____

*** Flower Valley Vet Clinic offers Heartgard Plus, Frontline Gold, & Nexgard.**

Has your pet ever had a dental cleaning? _____

Do you use any at-home dental care for your pet? _____ What? _____

We offer a variety of dental care items to assist in you at-home care.

Does your pet require prescription food? _____ Type? _____

What food or foods do you feed your pet regularly? _____

Do you feed your pet treats? _____ How often? _____ What kind? _____

Is your pet groomed or bathed on a regular basis? _____

For you convenience we offer bathing of your animals. A bath includes nails, ears, anal glands, and brush out.

How did you hear about **Flower Valley Veterinary Clinic**? (Please check one)

Referral (please specify name/relationship) _____

Verizon Phone Book _____

Sign _____

Internet _____

Other (Please specify) _____

Previous clients _____

Treatment Authorization

I authorize **FLOWER VALLEY VETERINARY CLINIC** to perform medical and surgical procedures required for diagnosis and treatment of _____ (animal's name). I understand that I can terminate treatment at any time by contacting the attending Veterinarian.

General anesthesia is required for surgery and some treatment procedures. I understand that with general anesthesia some risk is involved.

I understand that as owner I am financially responsible to **FLOWER VALLEY VETERINARY CLINIC** for applicable charges related to this animal. I agree to the payment method indicated.

_____ Cash _____ Check _____ Credit Card

I agree to hold harmless the Veterinarian, any and all employees connected therein from loss, injury or damages arising out of, or in connection with, services requested by me herein.

I hereby declare under penalty of perjury that I am the owner or authorized agent of the owner of this animal.

I have answered all the questions on this three-page form to the best of my knowledge.

Owner's Signature _____ **Date** _____

I hereby grant Flower Valley Veterinary Clinic, its representatives and employees the right to take photographs of me and/or my pet for the purpose of posting on Flower Valley Veterinary Clinic's Social Media accounts or Clinic website.

Flower Valley Veterinary Clinic has my permission to use: (Check One)

- _____ Photographs of me and/or my pet
- _____ Photographs of just my pet
- _____ May **NOT** use photographs of me and/or my pet

Owner's Signature _____ **Date** _____