



# Welcome to Prescott Valley Pet Clinic!

Thank you for allowing us to care for your pet.

Your Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \*If different from above\*

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-MAIL Address *\*Please print clearly below & leave spaces in between letters\**

Email:

Pet's Name	Cat	Dog	Other	DOB or Age	Sex	Altered	Breed	Color
						Y or N		
						Y or N		
						Y or N		
						Y or N		
						Y or N		

Previous animal hospital: \_\_\_\_\_ Previous animal hospital phone number: ( ) \_\_\_\_\_

How or why did you select our office? \_\_\_\_\_ *\*If referral basis who referred? \_\_\_\_\_*

**Names of children who might accompany you and your pet:**

Name: \_\_\_\_\_ Over 18yrs old? Yes/No Can they make medical decisions? Yes/No

Name: \_\_\_\_\_ Over 18yrs old? Yes/No Can they make medical decisions? Yes/No

Preferred method of payment (circle one): Cash Check CC (VISA/MC/Discover) CareCredit

We will gladly prepare a written estimate if you desire. Please ask your doctor, technician or receptionist. I assume responsibility for all charges incurred in the care of the animal's names above. ALL PROFESSIONAL FEES ARE DUE THE TIME SERVICES ARE RENDERED. There will be a \$50.00 service charge for any check returned unpaid. Prescott Valley Pet Clinic will be staffed during routine business hours only. Hospitalized patients will receive treatments and medications after hours as prescribed by the attending veterinarian. Phone calls after hours will be forwarded to the answering service and the doctor on call will be paged with any medical emergencies.

Signature of Responsible Agent for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_