

# Valley Veterinary Clinic Welcome Form

Marvin Altom, D.V.M.



## Primary Owner Information

First Name:	Last Name:	
Address:		
City, State and Zip Code:		
Home Phone:	Cell:	Work:
Email Address:		

- Would you prefer your reminders (*circle one*):      Snail Mailed      E-mailed
- If you were previously established as a client with Dr. Altom at North Hills Veterinary Clinic, may we request a record(s) transfer? (*circle one*):      YES      NO      N/A
- Who shall we thank for your referral? \_\_\_\_\_

## Spouse or Approved Secondary Owner Information

First Name:	Last Name:	
Address:		
City, State and Zip Code:		
Home Phone:	Cell:	Work:
Email Address:		

Signature; By signing this Client Agreement, I certify that:

I authorize treatment and/or service for any animal I bring to Valley Veterinary Clinic. *I agree to pay for all charges at the time services are rendered for my pet(s).* I certify that I am the primary owner of the pet(s) listed in this form. I authorize that the secondary owner has the authorization to sign for any treatment(s) and settle any balance for my pet(s). I will inform Valley Veterinary Clinic of any abnormal symptoms my pet(s) may be having at the time of check in at each appointment. I understand that the staff of Valley Veterinary will put my pets' health first and foremost, and that in the incident a medical related reaction or incident occurs, I do not hold Valley Veterinary responsible. I have read and understood all above provisions of the Client Agreement with Valley Veterinary Clinic.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SEE REVERSE SIDE AND COMPLETE PAGE TWO**

## Patient(s) Information

Name:	Age/D.O.B. :
Breed:	
Color/Markings:	
Male _____ Female _____	Spayed/Neutered? Y N
Any known reactions to medications or vaccinations? If so, please explain:	
Anything else we need to know?	

Name:	Age/D.O.B. :
Breed:	
Color/Markings:	
Male _____ Female _____	Spayed/Neutered? Y N
Any known reactions to medications or vaccinations? If so, please explain:	
Anything else we need to know?	

Name:	Age/D.O.B. :
Breed:	
Color/Markings:	
Male _____ Female _____	Spayed/Neutered? Y N
Any known reactions to medications or vaccinations? If so, please explain:	
Anything else we need to know?	

Name:	Age/D.O.B. :
Breed:	
Color/Markings:	
Male _____ Female _____	Spayed/Neutered? Y N
Any known reactions to medications or vaccinations? If so, please explain:	
Anything else we need to know?	