**Grass Valley Veterinary Hospital**
11101 Rough and Ready Hwy, Grass Valley, CA 95945
(530) 273-7272 · gvvet.com

# NEW CLIENT AND PET INFORMATION FORM

## Client Information

Name: _____ Co-Owner's Name: _____

Mobile Phone #: _____ Co-Owner's Mobile Phone #: _____

Work Phone #: _____ Co-Owner's Work Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

How Did You Hear About Us? _____ Website _____ Facebook _____ Drove By _____ Other / Personal Referral

Whom May We Thank? _____

## Prior Veterinarian Information

Practice Name: _____

Practice Phone #: _____ Veterinarian Name: _____

## Pet Information *(Additional pets can be added on page 2)*

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ____ Male ____ Female ____ Neutered? ____ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

_____

## AUTHORIZATION

By submitting this form, I hereby authorize Grass Valley Veterinary Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved.

I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit is required before diagnostics and treatments can be initiated and that payment in full is required prior to discharge of patient from Grass Valley Veterinary Hospital.

Signature of Owner / Agent: _____ Date: _____

**Grass Valley Veterinary Hospital**
11101 Rough and Ready Hwy, Grass Valley, CA 95945
(530) 273-7272 · gvvet.com

Please add additional pet(s) and their pertinent information below. If you only have one pet, please disregard.

## Client Information

Name: _____ Co-Owner's Name: _____

## Pet #2 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ____ Male ____ Female ____ Neutered? ____ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

_____

## Pet #3 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ____ Male ____ Female ____ Neutered? ____ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

_____

## Pet #4 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ____ Male ____ Female ____ Neutered? ____ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

_____