



## Green Valley Veterinary Clinic

35037 Avenue B, Yucaipa, CA 92399

(909) 790-2963 · greenvvc.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 Green Valley Veterinary Clinic 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 Green Valley Veterinary Clinic.

Signature of Owner / Agent: \_\_\_\_\_ Date: \_\_\_\_\_



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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: \_\_\_\_\_