



## NEW PATIENT & CLIENT INFORMATION

Welcome to Miami Valley Animal Hospital  
*Our mission is to provide our patients with the best medical care and compassionate treatment.*

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### CLIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse Name/Phone Number or Additional Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

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### PATIENT INFORMATION

*If you have copies of updated vaccine information or records for your new pet, please give a copy to one of the administration staff, so that we may update your pet's health records.*

Pet's Name: \_\_\_\_\_ Type of Pet: Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth (Approximate Age): \_\_\_\_\_ Sex: Male  Neutered  Female  Spayed

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*Please ask our staff about our new referral program,  
where you and a friend could earn a \$25.00 credit to your account for future visits.*

Were you referred by a friend? How did you hear about us? \_\_\_\_\_



*I hereby authorize the veterinarians at Miami Valley Animal Hospital to examine, prescribe for, or treat the above described pet/s. I assume responsibility for all charges incurred in the care of this/these animal, I understand that payment is due at time of service and I also acknowledge that appointment cancellations should be made within 24 hours of the scheduled appointment time, or a \$15.00 fee will be placed on my account, to be paid at a later date.*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_