



**VALLEY
ANIMAL
HOSPITAL
& Pet Resort**

...completing the circle of love...SM

Patient/Client Information

Thank you for giving Valley Animal Hospital & Pet Resort the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Date: _____

Spouse: _____

First MI Last
Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Email : _____ Age Range 20-30 30-50 Over 50

Occupation: _____ Work Phone: _____ Email: _____

Spouse Employment _____ Work Phone: _____ Email: _____

Who is responsible for this account? _____

How did you become aware of our hospital? Client Sign Phone Book AAHA Website
 Airport Personal Reference: Whom may we thank? _____
 Other _____

Total # of pets owned: _____ # dogs: _____ # of cats _____ # of birds/reptiles exotics

Your marital status: Married Single Do you have any children? Yes No

Names of Children: _____

Our pet(s) is a: Member of our Family Child's Pet Backyard Pet

Any allergies to vaccinations or medications? _____

Any previous serious illness or surgeries? _____

What diet (kind of pet food are you currently feeding your pet)? _____

Do you like to be present when your pet is examined or treated? Yes No

Where does your pet spend most of its time? Outdoor/Indoor Indoor Only Outdoor Only

Is your pet easily approached and handled by strangers? Yes No
Is it easier with a male or female?

Does your pet "go" on a command? No Yes, What is the command? _____

Does your pet sleep with you or other family members? Yes No

Does your pet have a favorite spot to be scratched? No Yes, Where? _____



Our Vision: At the heart of our veterinary care team . . . is the circle of love between people and pets.SM

7535 BAILEY COVE ROAD • HUNTSVILLE, ALABAMA 35802

www.thevalleyvets.net • 256.881.8899 • Fax 256.885.0448

Rev 092008



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Thank you for giving Valley Animal Hospital & Pet Resort the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

So that we are able to suit your personal needs, which do you feel most applies to you?

1. I want the best medical care available for my pet; please recommend all the things that you feel are necessary for my pet's good health.
 - I want good medical care for my pet, but there is a limit to what I am able to have done.
2. I want to learn as much as I can about pet health care: please explain in detail what is being done for my pet, or what is needed.
 - I would prefer you just summarize what has been done for my pet, or what is needed.

Your Pets' Medical History

My pet was last treated at _____ Animal Hospital/Clinic
 City _____ State _____ Phone _____

Pet #1

Name _____ Breed _____ Color _____ DOB _____

Dog

Date of last: _____

_____ Rabies vaccination
 _____ Distemper/Parvo/Corona
 _____ Bordetella
 _____ Heartworm test
 _____ Fecal test

Cat

Date of last: _____

_____ Rabies vaccination
 _____ FVRCP/Chlamydia
 _____ Leukemia
 _____ Bordetella
 _____ Feline Leukemia/Aids Test

Pet #2

Name _____ Breed _____ Color _____ DOB _____

Dog

Date of last: _____

_____ Rabies vaccination
 _____ Distemper/Parvo/Corona
 _____ Bordetella
 _____ Heartworm test
 _____ Fecal test

Cat

Date of last: _____

_____ Rabies vaccination
 _____ FVRCP/Chlamydia
 _____ Leukemia
 _____ Bordetella
 _____ Feline Leukemia/Aids Test



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Thank you for giving Valley Animal Hospital & Pet Resort the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

- ❖ In our hospital the veterinarians work as a team to give your pet the best care possible. Since the hospital is operating almost 80 hours per week, over time you and your pet may see more than one doctor
- ❖ **Professional fees are due at the time services are rendered.** We will gladly prepare a written estimate if you desire. Please ask the receptionist, technician, or doctor to review the estimate with you. We accept Cash/Checks/Visa/Master Card/Discover/American Express.

Please Sign _____ Date _____



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