



Hidden Valley Animal Hospital

New Client Form

Client Information

Owner's Name: _____ Spouse: _____
 Address: _____ Apt/Unit: _____
 City: _____ State: _____ Zip: _____
 Phone #s: Home: _____ Cell: _____ Work: _____
 Email address: _____
 Spouse Cell #: _____ Spouse Work #: _____
 How did you hear about our practice?
 Sign/Drive By Customer Review Site (Yelp, etc.)
 Social Media (Facebook/Twitter) Existing Client
 Name of Referring Client _____
If you were referred by an existing client, you both will receive a \$25 credit!

Pet(s) Information

Pet's Name: _____ Species: _____
 Breed: _____ Color: _____ Sex: _____
 Date of Birth or Age: _____ Spayed/Neutered: YES NO
 Pet's Name: _____ Species: _____
 Breed: _____ Color: _____ Sex: _____
 Date of Birth or Age: _____ Spayed/Neutered: YES NO
 Previous Vet: _____ Number: _____
If you brought your pet's vaccine history with you, please give it to the receptionist for copies for the pet's file.

Medical Records/ Photo Release

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a written authorization is required in order for Hidden Valley Animal Hospital to produce copies of your pet's medical records. Medical records released shall not contain any sensitive personal or financial information of the owner. Only medical treatment records shall be released.

I _____ hereby certify that I am the owner or authorized agent of the owner of the above described pet(s). Further, I hereby request and authorize Hidden Valley Animal Hospital to release the requested medical information for my pet(s).

Hidden Valley Animal Hospital has a Facebook page we use to share interesting pet stories, but, we can't do it alone! Will you help us by granting permission to use photos of your pet, their story and details of his or her medical history to help educate other clients? Client's and pet's names will never be shared. If at any time you wish to have your pet's photo or story removed, please alert our staff.

_____ YES Client Initials _____ NO Client Initials

Payment Policy

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). **All professional fees are due at the time services are rendered.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or CareCredit. If you have financial concerns, please ask to speak with someone before we begin treatment.

Signature of client responsible for pet(s): _____ Date: _____