

**New Client Information:**

Owner's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

(This is used to send you reminders and information from Hidden Valley only)

How would you like to be contacted? Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Text: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

(Needed for Check Writing)

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

SPOUSE Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you have any other pets? Dog: \_\_\_\_ Name: \_\_\_\_\_ Cat: Name: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Referred by: \_\_\_\_\_

(If you were referred by an existing client, you both are eligible for a \$25 Pet Pals Referral Credit.)

Friend/Family Member     Drive by Sign     HVAH Website     Facebook

Emergency Clinic     Google     Yelp     Shelter

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT MY PET(S). I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED.

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

Method of Payment (Please Circle): CASH CHECK VISA MASTERCARD DISCOVER CARE CREDIT