

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: _____ Are you at least 18 yrs. of age? Y / N 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. I AM AT LEAST 18 YEARS OF AGE AND LEGALLY LIABLE FOR ANY DECISIONS I MAKE.

Signature of Owner/Agent: _____ Date: _____

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