

23928 Summerhill Lane

Valencia Veterinary Center

Valencia, CA 91354

Ph: (661)263-9000 Fax: (661) 513-9500

CLIENT INFORMATION

Please complete the following:

Your Name: _____
Last First Middle

Spouses Name: _____ Home Phone Number: (____) _____

Address: _____
City Zip Code

Email Address: _____ Cell Phone Number: (____) _____

Your Place of Work: _____ Work Phone Number: (____) _____

Spouses Place of Work: _____ Work Phone Number: (____) _____

How did you learn about our clinic? _____ Advertisement _____ Referred By: _____
_____ Phone Book _____ Sign

IF YOU ARE WRITING A CHECK, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Social Security Number: _____ - _____ - _____

Drivers License Number: _____ DOB: _____

**WOULD YOU LIKE US TO SEND ANY RECORDS TO ANOTHER VET? _____ IF SO, NAME: _____
PHONE #? _____**

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet. I assume full responsibility for all charges incurred for the care of my pet. I also understand that all fees are due at time of services rendered, and Valencia Veterinary Center does not bill or extend credit for any reason. Valencia Veterinary Center will discuss all fees prior to doctor visit when asked.

YOUR SIGNATURE: _____

PETS NAME: #1 _____ #2 _____ #3 _____ #4 _____

BREED				
DOB				
COLOR				
SEX				
SPAYED/NEUTERED?				
VACCINATION HISTORY- DOG				
RABIES				
DHPP/CORONA VIRUS				
BORDETELLA				
LYME DISEASE				
FECAL SAMPLING/WORMING				
HEARTWORM TEST				
VACCINATION HISTORY- CAT				
RABIES				
FVRCP (4/1)				
LUKEMIA TEST				
FELV				
F.I.P.				
FECAL SAMPLING/WORMING				

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medicines? _____

Is your pet on any special diet or medications? _____

Does your pet have a Microchip? # _____