For Office Use Only: Client ID _____

Patient ID _____

Valencia Veterinary Center

CLIENT INFORMATION SHEET

PRIMARY OWNER INFORMATION

First Name	M	Last Name	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.
Street address				
City	State	ZIP		
Primary Phone	❑ Home ❑ Cell ❑ Work ❑ Fax			
Other Phone	❑ Home ❑ Cell ❑ Work ❑ Fax			
Email				
Date of Birth **(Required by DEA)**				
Driver's License #	State	Exp.		

How did you hear about us? ❑ Internet ❑ Website ❑ Close to home/work ❑ Yellow Pages ❑ Facebook

If referred by someone, whom may we thank for the referral?

How would you prefer to be contacted for reminders and newsletters? ❑ Email ❑ Mail

If texting becomes an available option in the future, would you like your pet's medical reminders sent to you by text? ❑ Yes ❑ No

Occasionally, our hospital shares cute patient images, informative cases for educational purposes only, and client feedback via Facebook & our website. All client personal information will remain anonymous. Please check the following opt out box if you prefer **not** to participate ❑ Opt Out

SECONDARY OWNER INFORMATION

First Name	M	Last Name		
Primary Phone	❑ Home ❑ Cell ❑ Work ❑ Fax			
Driver's License #	State	Exp.		

PET INFORMATION

Patient's Name	❑ Female ❑ Female Spayed ❑ Male ❑ Male Neutered		
❑ Dog ❑ Cat	Breed	Color	
Date of Birth / Age	Microchip #		
Previous Veterinarian	Did you bring records with you?		
Allergies / Chronic Medical Conditions / Surgeries			
Prescription Diet? ❑ Yes ❑ No	If yes, what type?		
Any vaccine reactions? ❑ Yes ❑ No	If yes, what vaccine?	What type of reaction?	

24 hr. notice required for any cancellation of appointment
Failure to provide notice may result in a "no show" fee. **Initials** _____

** **Veterinary service during nighttime hours, some daytime hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.** **Initials** _____

X _____

Signature

Payment due at time of service.

We accept cash, personal checks, Visa,

Mastercard, Amex, Discover, Care Credit, and Scratch Pay

X ______________________

Date

ADDITIONAL PET INFORMATION

For office use only: Patient ID:________

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❑ Dog ❑ Cat	Breed	Color
Date of Birth / Age	Microchip #	
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Allergies / Chronic Medical Conditions / Surgeries		
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