

WELCOME!

Village Veterinary Clinic

Thank you for giving our hospital the opportunity to care for your pet. To ensure the best service possible, please take the time to fill in this form completely.

Client Information

Full Name: _____ Primary Number: _____ cell / landline
(Circle one)

Spouse/Partner: _____ Contact Number: _____

Secondary/Work Number: _____ (Circle one) cell / landline

Address: _____ City/St/Zip: _____

Would you like to receive text notifications? Yes / No Best number for text: _____

E-mail Address: _____

Emergency Contact Person: _____ Contact Number: _____

Patient Information

Name: _____ Name: _____ Name: _____

Age/D.O.B.: _____ Age/D.O.B.: _____ Age/D.O.B.: _____

Breed: _____ Breed: _____ Breed: _____

Color: _____ Color: _____ Color: _____

Sex: MALE / FEMALE Spayed/Neutered: YES / NO
Sex: MALE / FEMALE Spayed/Neutered: YES / NO
Sex: MALE / FEMALE Spayed/Neutered: YES / NO

Medical alerts and/or allergies: YES / NO if yes, please note:
Medical alerts and/or allergies: YES / NO if yes, please note:
Medical alerts and/or allergies: YES / NO if yes, please note:

Pet's diet: _____ Pet's diet: _____ Pet's diet: _____

Heartworm prevention: _____ Heartworm prevention: _____ Heartworm prevention: _____

Flea/tick prevention: _____ Flea/tick prevention: _____ Flea/tick prevention: _____

Microchipped? Yes / No Microchipped? Yes / No Microchipped? Yes / No

How did you hear about us?

Friend/Someone we may thank? _____ Drive by Online site: _____

**Full Payment is due upon rendering of services. Deposits may be required at the start of treatment for major medical procedures.

**To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on vaccines according to hospital policy, and be free of internal and external parasites.

We love sharing photos of our new patients with our clients and public by posting pictures within the clinic and on-line, ie. Facebook.

May we have your permission to photograph your pet(s) for this purpose? YES NO

Signature: _____ Date: _____