



EDNA VALLEY VETERINARY CLINIC and SURGICAL SERVICES

Client Information and Pet History

Date: _____

Owners Name (Last, First): _____ Spouse/ Other: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Employer: _____ Spouse/ Other Employer: _____

SS# _____ CDL# _____ E-Mail _____

If you were referred to us, whom may we thank?

- | | |
|--|---|
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> Veterinarian _____ |
| <input type="checkbox"/> Pet Store _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Internet Web Site |
| | <input type="checkbox"/> Radio Ad |
| | <input type="checkbox"/> Vaccine Clinic |

Pet Name	Sex	Species	Breed	Color	Date of Birth	Last Vaccinations
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pets. I assume responsibility for all charges incurred in the care of these pets. I also understand that the charges must be paid at the time of release. In the event that my bill is not paid by the time my pets leaves your care, I authorize you to charge my credit card on file. I also agree to assume any finance charges and all costs of collection levied against any outstanding balance I may have on my account.

I understand that the risks and nature of treatments that have been explained to me, and no warranty or guarantee has been made as to the results or cure of my pets.

Credit Card #: _____ Exp: __ / __ / __ MasterCard Visa

Signature of Owner _____ Date: _____