

WELCOME TO PLEASANT VALLEY VETERINARY CLINIC-JENNIFER SIMON, D.V.M.

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take time to fill in this form completely. Thank you!

DATE _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

ZIP CODE _____ REFERRAL _____

HOME PHONE # _____ WORK PHONE # _____

CELL PHONE # _____ SPOUSE NAME _____

SPOUSE CELL PHONE # _____

MAY WE SEND TEXT MESSAGES TO YOUR CELL PHONE ABOUT YOUR PET?

YES _____ NO _____

MAY WE SEND E-MAIL NOTICES? YES _____ NO _____

E-MAIL ADDRESS _____

PET'S NAME _____

MALE _____ FEMALE _____

NEUTERED _____ SPAYED _____

AGE _____

BREED _____ (EXAMPLE CAT - DSH - DOMESTIC SHORT HAIR)

COLORS _____

ANY KNOWN ALLERGIES / CURRENT MEDICATIONS / MEDICAL HISTORY _____

DATE OF LAST VACCINATION _____

REASON FOR VISIT _____

AUTHORIZATION: I HEREBY AUTHORIZE THE VETERINARIAN TO EXAM, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED FOR 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 FOR SURGICAL TREATMENT.

SIGNATURE _____ DATE _____

METHOD OF PAYMENT (CHECK ONE) CASH _____ CHECK _____ CREDIT _____