



# Client Information

Please complete this form in full with your personal information. This information allows our clinic to ensure records are stored and secured under the correct owner(s) and give the clinic ways to verify information if the need arises.

<b>Your (Owner) Information</b>		
Full Legal Name:		
Preferred Name:	DOB:	
Driver's License/ID Number:	State :	Expires:
Cell Phone Number:	Secondary Number:	
Mailing Address:		
Email Address:		
Other Authorized Individual(s):		
<i>Authorized individuals have the ability to make life altering decisions for your pets, add additional charges, or make changes.</i>		

Valley Veterinary Clinic would love to use your video or photos of your pet(s) for marketing purposes.

**Do you authorize our clinic to use photos or videos of your pet(s)?**

Yes

No

**By signing below, I acknowledge that I understand and agree to the following terms:**

**PAYMENT:** Valley Veterinary Clinic requires a deposit at the time of scheduling, which goes towards the total cost of the appointment/procedure or a no show fee if applicable. The deposit is refundable as long as cancellation or rescheduling happens prior to the morning of the appointment. Valley Veterinary Clinic does not offer payment plans. Payment is due in full at the time of service. If your pet is hospitalized, you are required to pay the balance of your account prior to pick-up. If payment is not provided, your pet may remain in the clinic at your expense until acceptable payment is produced.

**URGENT CARE:** While our clinic will try to accommodate your sick pet in a timely manner, there may be times where we may need to refer you to emergency care. Staffing levels, current caseload, and severity of illness or injury are all factors in the decision to refer clients to an emergency clinic. We provide urgent services but are not an ER Vet.

**WELLNESS EXAM:** By state law, our clinic cannot legally prescribe or provide medications for any animal that we have not examined within the last 12 months. In addition to this, we cannot legal accept returned medications or products once they have left our facility (except pet food).

**BEHAVIOR:** Our clinic does not tolerate abusive, threatening, or socially inappropriate behavior/language directed toward our staff. Understand should you choose to speak or behave in a manner that is demeaning, demoralizing, or detrimental to staff, we reserve the right to refuse service and no longer accept you as a client.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_