



**VALLEY VIEW**  
ANIMAL HOSPITAL

**New Client Form**

**Client Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Secondary Account Holder: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_



Previous Veterinarian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

As the owner, or authorized agent, of the above-named pet(s), I hereby consent and authorize Valley View Animal Hospital to prescribe, treat, or operate on this pet(s). I give Valley View Animal Hospital permission to give my pet's medical history to other veterinary professionals when necessary. I understand that all fees are due and payable upon the release of the patient. If the patient must be admitted for treatment, a deposit may be required at this time.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature