

Welcome to Virgin Valley Veterinary Hospital

Client Name: _____

(Spouse/Other) Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Pets Name: _____ **Pet Information** Male _____ Female _____

Cat: _____ Dog: _____ Breed: _____ Color: _____

Age: _____ Spayed: _____ Neutered: _____ Last Vaccines: _____

Pets Name: _____ Male _____ Female _____

Cat: _____ Dog: _____ Breed: _____ Color: _____

Age: _____ Spayed: _____ Neutered: _____ Last Vaccines: _____

* We will gladly prepare a written estimate if you desire. Please ask the receptionist or Doctor. **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept Cash, Check, Visa, Mastercard, American Express, Discover, and Care Credit with the proper I.D.

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the animal(s). I also understand that payment is due at the time that services are rendered. Interest will accrue at the rate 1.5% per month on all outstanding balances. **Must be 18 years of age or older.**

Signature of client responsible for the pet(s): _____

Date: _____

How did you hear about our hospital? Already knew we were here _____ Newspaper _____

Phonebook _____ Internet _____

Friend/Neighbor _____