



## New Client Registration

Thank you for choosing Valleydale Animal Clinic

### Client Information

<b>Name:</b> _____ Last First		
<b>Spouse/Other:</b> _____		
<b>Street Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Primary Phone:</b> _____		<b>Secondary Phone:</b> _____
<b>Spouse/Other Phone:</b> _____		<b>Email :</b> _____
<b>Best Method of Contact:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Spouse/Other <input type="checkbox"/> Email		

<b>How Did You Hear About Us?</b> <input type="checkbox"/> Friend/Neighbor-Who? _____ <input type="checkbox"/> Staff Member-Who? _____ <input type="checkbox"/> Google or Yelp- (Circle one) <input type="checkbox"/> Humane Society-Which one? _____ <input type="checkbox"/> Rescue Group-Which one? _____ <input type="checkbox"/> Facebook or Twitter- (Circle one) <input type="checkbox"/> Community Event <input type="checkbox"/> Saw Building/Sign <input type="checkbox"/> Other- _____	<b>Payment Options:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Cash <input type="checkbox"/> Care Credit <input type="checkbox"/> Check*  *If you wish to pay by check, please provide your Driver's License Number below: _____
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<p align="center"><b>PLEASE NOTE THAT ALL FEES ARE DUE UPON COMPLETION OF SERVICES</b></p> <p>I hereby authorize the veterinarians of Valleydale Animal Clinic to examine, prescribe for, and/or treat my pet(s). I assume responsibility for all charges incurred in the care of this/these pet(s). I agree to pay all fees for all services rendered at the time the pet(s) is/are released from our care. Failure to pay on an active balance will result in a 15% service charge.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>
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