



New Client Registration

Thank you for choosing Valleydale Animal Clinic

Client Information

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

How Did You Hear About Us? <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- _____	Payment Options: <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">PLEASE NOTE THAT ALL FEES ARE DUE UPON COMPLETION OF SERVICES</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>Signature: _____ Date: _____</p>
