

**VALLEY VETERINARY CLINIC
OWNER INFORMATION**

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

SPOUSE _____

SPOUSE EMPLOYED BY: _____ WORK PHONE # _____

SPOUSE CELL PHONE # _____

How did you choose our clinic? _____

PAYMENT POLICY

All fees and charges are due and payable upon release of the patient. Full payment is required. A (1/2 %) service charge fee will be applied to ALL balances over 30 days, and with the addition of any or all collection agency and/or attorney fees necessary to collect the full amount due the Valley Veterinary Clinic.

I certify that I have read the foregoing PAYMENT POLICY AGREEMENT and understand the terms and conditions thereof before signing below.

Signature _____ Date _____

Pet Information

Pet's Name _____ Age _____ Birth Date _____

Dog _____ Cat _____ Other _____ Breed _____ Color _____

Male _____ Neutered? _____ Female _____ Spayed? _____

Vaccination History _____

Pet's Name _____ Age _____ Birth Date _____

Dog _____ Cat _____ Other _____ Breed _____ Color _____

Male _____ Neutered? _____ Female _____ Spayed? _____

Vaccination History _____