



Welcome to the Valley Center Veterinary Clinic. Our staff is dedicated to the optimum in patient care and will do our utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet. To help us serve you better, please provide us with the following information.

Owner Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Spouse's place of Employment: \_\_\_\_\_

How did you choose our practice?

- Online
- Location
- Personal Recommendation (whom may we thank?) \_\_\_\_\_
- Do you prefer call or text? \_\_\_\_\_

Patient Information	Pet #1		Pet #2		Pet #3	
Name						
Breed						
Approx Age or DOB						
Color						
Sex: (Circle)	Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Last Heartworm Prevention						
Previous Veterinarian Information Hospital:  Phone:						

Our pet is: (Circle)      Member of Family      Child's Pet      Backyard Pet

Any previous illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

By signing this Client Registration form you are agreeing to pay your balance in full at time of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_