

 **Pomona Valley Veterinary Hospital**
CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted.
 All the information provided is confidential. Please complete the following:

CLIENT INFORMATION:

Date _____

*Email _____ @ _____

* I agree to be notified by TEXT MESSAGE for any appointments or reminders: _____ (signature)

* I agree to give my consent to Pomona Valley Veterinary Hospital to use my or my pet's images on social media via facebook, website, pinterest & twitter: _____ (signature)

*Name _____ Spouse's Name _____

*Address _____ *City _____ *State _____ *Zip _____

*Cell Phone #1 (_____) _____ Cell Phone #2 (_____) _____

Work Phone (_____) _____ Place of Employment _____

*Best time to reach you _____ * Driver's License # _____ State _____ Date of Birth _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We accept the following forms of payment: Cash, Check, Visa, Master Card, Discover, American Express, Discover, Debit, Care Credit, and Sunbit Financing

How did you become aware of our clinic? []Drove by []Previous Client []On Line: Google/yelp/website/social media [] Referral [] Other _____

Personal Recommendation (whom may we thank?) _____

Which would you prefer as a thank you for your referral (choose one) Movie ticket starbucks gift card restaurant gift card

PATIENT INFORMATION

	PET#1	PET#2	PET#3	PET#4
*Name of the Pet				
*Breed of the Pet				
*Date of Birth or age of the pet				
*Color of the pet				
*Female or Male & Spayed or Neutered				

YOUR DOG'S VACCINATION HISTORY (Approximate date of last vaccine)

*RABIES				
*DAPP, PARVO CORONA, Lepto				
*BORDETELLA (KENNEL COUGH)				
*LYME DISEASE				
*H3N8 Influenza				
FECAL (STOOL SAMPLE)				
HEARTWORM TEST/PREVENTION				
FLEA PREVENTION				

YOUR CAT'S VACCINATION HISTORY (Approximate date of last vaccine)

*RABIES				
*FELINE DISTEMPER, RHINO (FVRCP)				
*LEUKEMIA VACCINE				
*FIP				
FECAL (STOOL SAMPLE)				
LEUKEMIA TEST, FELINE AIDS TEST				
HEARTWORM TEST/PREVENTION				
FLEA PREVENTION				

Any previous illness or surgeries? _____ Is your pet on any special diet? _____
 Any allergies to vaccinations or medication? _____ Which ones? _____

In the event any balance due hereunder is not paid at the completion of the visit/hospital stay, the undersigned agrees to pay all costs including said unpaid balance, and finance charges. Monthly billing not available.

*Owner Signature _____ *Date _____

*required information