

Welcome to Powell Valley Animal Hospital

Thank you for choosing us for your veterinary needs. We are excited to start giving your pet the best quality care possible. In order for us to do that, please fill out this form and give us some basic information on you and your pet. If you have any questions or need anything, please ask the receptionist.

Client Information

Owner's Name:	Employer:
*if you aren't the owner, your name:	Work Phone:
Spouse/Other on Account:	Driver's License #:
Address:	In Case of Emergency Contact (Name & Phone Number):
City/State/Zip:	
Home Phone:	How did you hear about us? (if from one of our clients please list who) :
Cell Phone:	
Spouse's Phone:	
Email:	

Pet Information

Name:	Reason for Visit:
Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Age/Date of Birth:
Breed:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed
Color:	
Vaccination History (Please list date, type, and where the vaccination was done):	List any current medications your pet is taking (including heartworm preventative and flea medications).
List any symptoms your pet is having:	Anything else you'd like us to know about your pet?

Authorization: I hereby authorize the veterinarian of Powell Valley Animal Hospital to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the **time of release** and that a deposit may be required for some treatments.

Signature: _____ Date: _____

Method of Payment: Cash Discover Visa MasterCard Other: _____

PLEASE NOTE that we do not accept checks.