

Valley Veterinary Clinic Welcome Form

Marvin Altom, D.V.M. – Anna Lopez, D.V.M.



Primary Owner Information

First Name:	Last Name:	
Address:		
City, State and Zip Code:		
Home Phone:	Cell:	Work:
Email Address:		

- Would you prefer your reminders (*please circle one*):
E-mailed (recommended) **Text** (recommended) Snail Mail
- If you were previously established as a client with Dr. Altom at North Hills Veterinary Clinic, may we request a record(s) transfer? (*circle one*): YES NO N/A
- Who shall we thank for your referral? _____

Spouse or Approved Secondary Owner Information

First Name:	Last Name:	
Address:		
City, State and Zip Code:		
Home Phone:	Cell:	Work:
Email Address:		

Signature; By signing this Client Agreement, I certify that:

I authorize treatment and/or service for any animal I bring to Valley Veterinary Clinic. **I agree to pay for all charges at the time services are rendered for my pet(s).** I certify that I am the primary owner of the pet(s) listed in this form. I authorize that the secondary owner has the authorization to sign for any treatment(s) and settle any balance for my pet(s). I will inform Valley Veterinary Clinic of any abnormal symptoms my pet(s) may be having at the time of check in at each appointment. I understand that the staff of Valley Veterinary will put my pets' health first and foremost, and that in the incident a medical related reaction or incident occurs, I do not hold Valley Veterinary responsible. I have read and understood all above provisions of the Client Agreement with Valley Veterinary Clinic.

Signature: _____ Date: ____ / ____ / ____

Patient(s) Information

Name:	Age/D.O.B. :
Breed:	
Color/Markings:	
Male _____ Female _____	Spayed/Neutered? Yes No
Any known reactions to medications or vaccinations? If so, please explain:	

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Breed:	
Color/Markings:	
Male _____ Female _____	Spayed/Neutered? Yes No
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Breed:	
Color/Markings:	
Male _____ Female _____	Spayed/Neutered? Yes No
Any known reactions to medications or vaccinations? If so, please explain:	

PAYMENT TERMS AND AGREEMENT:

- **Payment in full is required at the time services are rendered.**
- You may pay with one of the following:
Cash, check (current clients), credit cards (VISA®, MasterCard®, and American Express®).
- Valley Veterinary Clinic does not provide in-house billing.
- If you need more time to pay a large bill, you may apply for a payment plan through CareCredit®, ScratchPay®, or VetBilling®. Your credit history will determine whether you qualify for a payment plan. Ask one of our staff members for assistance if you wish to apply for a payment plan.
- 50% of the estimate for cost of treatment plan is required as a **deposit** at the time of admission for all surgery, hospitalization, dentistry and emergencies, unless the client has a payment plan in place.

By signing below, I understand and agree to these PAYMENT terms.

Owner's Signature

_____/_____/_____
Date

Please PRINT owner's name here