

Welcome to the Apple Valley Animal Hospital



OWNER INFORMATION:

Name: Last _____ First _____ Spouse _____

Address _____ City _____ County _____ State _____ Zip _____

Physical address if above is a P.O. Box _____

Home Phone _____ Cell Phone _____

Driver's License number _____ Spouse's Driver's Lic. number _____

Employer _____ Work phone _____

Spouse's Employer _____ Work phone _____

PET INFORMATION:

Name _____ Dog _____ Cat _____ Other _____

Breed _____ Female / Spayed _____ Male / Neutered _____

Color _____ Date of Birth _____

(Please give any records you have for your pet to the receptionist.)

Previous Veterinarian _____

Other medical problems _____

Important- read carefully:

I understand payment is due when services are rendered.

If emergency circumstances should arise that I do not pay my bill, I understand that I owe The Apple Valley Animal Hospital for their services. Finance charges will be charged on any unpaid balance at the rate of 2% per month (24% annually). I understand that I will be responsible for all collection fees, court costs and attorney fees, should collection procedures become necessary.

Responsible Party (must be over 18 years old.)

Date