



# Welcome to Silver Valley Veterinary Clinic

## Client/Pet Registration Form

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

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

**Spouse/Other's First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

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

**Pet's Name:** \_\_\_\_\_ **Age/Birthdate:** \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Female  Male  Spayed/Neutered

Reason for visit: \_\_\_\_\_

Current Medications (include parasite prevention) \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Age/Birthdate:** \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Female  Male  Spayed/Neutered

Reason for visit: \_\_\_\_\_

Current Medications (include parasite prevention) \_\_\_\_\_

**Social Media Release:** I give permission to Silver Valley Veterinary Clinic to share success stories and/or photos of my pet to their social media or website.  Yes  No If yes, please initial: \_\_\_\_\_

**Payment in full is required at the time of service.** We accept cash, check, Visa, Master Card, Discover, American Express, Care Credit and Scratchpay. Deposits are required on major medical, trauma, surgical and emergency cases where hospitalization is necessary.

If a pet is found to have any external or intestinal parasites, the appropriate treatments will be administered and the pet's owner will be responsible for the incurred charges.

In the event that my pet's records need to be transferred, I authorize the release of those records.

I have read the statements above and I accept and agree to these terms.

\_\_\_\_\_  
Owner or Responsible Party

\_\_\_\_\_  
Date