



Welcome

Thank you for giving **Val-U-Vet** the opportunity to care for your pet. So that we may better become acquainted with you, and more easily anticipate and fulfill your veterinary needs, please take a few minutes to complete this questionnaire.

Date: _____

Dr./Mr./Mrs./Miss/Ms: _____
First Name Last Name

Spouse: _____
First Name Last Name

Your Contact Information

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Pet Information

Name: _____ Dog Cat Color: _____

Birth Date: _____ Gender M F Spayed/Neutered Y N

Breed: _____ Favorite Food: _____

Is Pet currently on a special diet or medication? N Y If yes, _____

Is Pet currently on a Heartworm preventative? N Y If yes, _____

Is Pet currently on a Flea preventative? N Y If yes, _____

List any previous problems or information that we should know about: _____

Does your Pet have any known drug allergies or intolerances? _____

Other important information about your Pet: _____

Do you have other Pets in your family? N Y If yes, _____

How did you hear about us?

Location _____ Hospital _____ Internet _____ Personal Recommendation _____

Coupon Book _____ TV Advertisement _____ Who Recommended Us? _____

Other _____

Reason for your Pet's visit today:

Method of payment: (Please circle one)

Cash

Visa

Master Card

American Express

Discover

CareCredit

WE DO NOT ACCEPT CHECKS OR EXTEND PAYMENT PLANS OR CREDIT.

I assume responsibility for all charges incurred and understand that payment is due at the time services are rendered.

Val-U-Vet Animal Health, Inc. does NOT have a payment plan.

Signature of Owner or Responsible Party: _____

Date: _____