



**VALLE VERDE**  
ANIMAL HOSPITAL

# PET CHECK-IN FORM

## PET OWNER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Appt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Can we send you message reminders to your cell phone?  Yes  No

## SPOUSE INFORMATION

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

## YOUR PETS

Please list your pets below and include vaccine expiration dates with proof of vaccination from your veterinarian.

**(Note: AROAP please highlight due vaccines)**

### Pet 1

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Species: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  Male  Female Spayed/ Neutered:  Yes  No

Da2pp: \_\_\_\_\_ Bordetella: \_\_\_\_\_ Rabies: \_\_\_\_\_ Fecal: \_\_\_\_\_ Deworming: \_\_\_\_\_

### Pet 2

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Species: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  Male  Female Spayed/ Neutered:  Yes  No

Da2pp: \_\_\_\_\_ Bordetella: \_\_\_\_\_ Rabies: \_\_\_\_\_ Fecal: \_\_\_\_\_ Deworming: \_\_\_\_\_

### Pet 3

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Species: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  Male  Female Spayed/ Neutered:  Yes  No

Da2pp: \_\_\_\_\_ Bordetella: \_\_\_\_\_ Rabies: \_\_\_\_\_ Fecal: \_\_\_\_\_ Deworming: \_\_\_\_\_



**VALLE VERDE**  
ANIMAL HOSPITAL

# PET CHECK-IN FORM

## VACCINES FOR CATS

FVRCP: \_\_\_\_\_ Rabies: \_\_\_\_\_ FELV / FIV: \_\_\_\_\_ FELV / FIV Test: \_\_\_\_\_ Fecal: \_\_\_\_\_ Deworming: \_\_\_\_\_

How did you first learn about us?

- Internet   
  Magazine   
  Mail   
  Friend Referral: \_\_\_\_\_  
 Veterinarian Referral: \_\_\_\_\_   
  Other: \_\_\_\_\_

## PREFERRED METHOD OF PAYMENT

- Cash   
  Credit Card

Credit Card Number: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CV2: \_\_\_\_\_

- I, \_\_\_\_\_, allow Valle Verde Animal Hospital to charge this card for my pet's medical care. By checking this box, I am acknowledging that I understand that fees are to be paid at the time services are rendered.

## AUTHORIZATION FOR PROFESSIONAL SERVICES

*I hereby authorize Valle Verde Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as are necessary and advisable for treatment and maintenance of my pet's health and well being.*

*The nature of such services has been described to me to my satisfaction, and while I expect all procedures to be done to the best abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I agree to pay all charges incurred at the time of release of my pet, including reasonable attorney's fees and cost of collection in the event of default. I further understand that if payment becomes 30 days past due, delinquency charges at the lesser of the annual rate of 18%, or the maximum allowable rate, will be due on delinquent amounts from the date the payment was due.*

*I also authorize the hospital director and his/her staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised in writing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_