



Welcome to Prescott Valley Pet Clinic!

Thank you for allowing us to care for your pet.

Your Name: _____ Spouse/Other: _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

If different from above

Primary Phone _____ Secondary Phone _____

EMERGENCY CONTACT _____ Emergency Phone _____

E-MAIL Address **Please print clearly below & leave spaces in between letters**Email:

Pet's Name	Cat	Dog	Other	DOB or Age	Sex	Altered	Breed	Color
						Y or N		
						Y or N		
						Y or N		
						Y or N		
						Y or N		

Previous animal hospital: _____ Previous animal hospital phone number: () _____

How did you hear about us? _____ **If referral basis, who referred?* _____**If website, which one?* _____Names of children who might accompany you and your pet:

Name: _____ Over 18yrs old? Yes/No Can they make medical decisions? Yes/No

Name: _____ Over 18yrs old? Yes/No Can they make medical decisions? Yes/No

Preferred method of payment (circle one): Cash Check Credit Card CareCredit

We will gladly prepare an estimate if you desire. Please ask your doctor or technician after the initial exam. ALL PROFESSIONAL FEES ARE DUE THE TIME SERVICES ARE RENDERED. There will be a \$50.00 service charge for any check returned unpaid. Prescott Valley Pet Clinic will be staffed during routine business hours only. Hospitalized patients will receive treatments and medications after hours as prescribed by the attending veterinarian. Emergency services after hours are provided by Prescott Area Pet Emergency at (928)772-6069. By signing below, you indicate that you assume responsibility for all charges incurred in the care of the animals' names above.

Signature of Responsible Agent for Pet(s) _____ Date _____