

# WEST VALLEY ANIMAL HOSPITAL REGISTRATION

Date \_\_\_\_\_ Pet Insurance Provider \_\_\_\_\_

Owner's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Children (first names & ages) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse/Other \_\_\_\_\_ Email Address \_\_\_\_\_

Spouse's/Other's Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please circle your preferred method(s) of contact: Phone Cell E-Mail Mail Text  
Permission to text information via cell \_\_\_\_\_ (Initial) Cell carrier \_\_\_\_\_ \*\*Texting info is one way only.

Please list all persons over 18 years of age who are authorized to make treatment decisions for your pets in your absence:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Pet's Name \_\_\_\_\_ Approx. Date of Birth \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Sex:  Male  Neutered  Unneutered

Breed \_\_\_\_\_ Color \_\_\_\_\_  Female  Spayed  Unspayed

Microchipped?  Yes  No Company: \_\_\_\_\_

Previous veterinarian(s) where past records can be obtained \_\_\_\_\_

Please list other animals you own:

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Do you have a fish tank? \_\_\_\_\_ If so, approx. how many fish? \_\_\_\_\_ Fresh or salt water? \_\_\_\_\_

How did you first hear of us? Internet  Website  Yellow Pages  Yellow Book  Drive By

If referral - Individual we may thank \_\_\_\_\_

**I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required for surgical or hospital treatment.**

Owner's signature \_\_\_\_\_ Spouse's/Other's Signature \_\_\_\_\_

We accept cash, PA First Party Checks, Mastercard, Visa and Discover

Payments by First Party PA checks, please present State Issued I.D. to receptionist:

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

Expiration Date: \_\_\_\_\_

revised 9/11