



Client Information

| | | | | |
|---|---|-----------|--------------------------------|--------------|
| First Name | | MI | Last Name | |
| Physical Address | | | City | State |
| Mailing Address | | | City | State |
| Home Phone | Cell Phone | | Work Phone | |
| <input type="checkbox"/> This is my primary number. | <input type="checkbox"/> This is my primary number. <input type="checkbox"/> I can receive text messages. | | | |
| Email | | | Driver's License Number | |
| Spouse/Co-Owner/Other | | | Phone Number | |

Pet Information

| Pet's Name | Species | Breed | Color | Age/Birthdate | Sex |
|-------------------|----------------|--------------|--------------|----------------------|--|
| | | | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed |
| | | | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed |
| | | | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed |
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| | | | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed |

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: _____

I authorize the Veterinarian to examine, prescribe for, and/or treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid for at time of service and that a deposit will be required on major medical, trauma, surgical and emergency cases where hospitalization is necessary.

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.

| | | |
|-------------------|------------------|-------------|
| Print Name | Signature | Date |
| | | |

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

We accept cash, check, Visa, Mastercard, Discover, American Express, CareCredit and Scratchpay.