



4315 Old National Pike (301) 371-7700

www.valleyvetdvm.com

**Client Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City /zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered  
Species: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Allergies? \_\_\_\_\_  
Previous Veterinary Office: \_\_\_\_\_  
Current/Past Medical Diagnosis: \_\_\_\_\_  
Please list your pet's current medication(s): \_\_\_\_\_  
Describe your pet's diet: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**Authorization**

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. 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 of release, in the form of Cash, Credit Card, or Care Credit. We do NOT accept personal checks. Please be advised, appointments cancelled without 24 hours notice will be charged a fee of \$25.00.

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