

Thank you for giving *Bear Valley Animal Hospital* the opportunity to care for you and your pet(s).

In order to maintain our files, please provide the following information.

****All Fees Are Required At Time Services Are Rendered****

CLIENT INFORMATION:

Name: (Mr., Mrs., Ms., Dr.) _____

Spouse: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Other Phone: _____ - _____ - _____

E-Mail Address: _____ (For Reminder & Updates)

May we call you at work if needed? Yes No

How did you learn of our hospital? Sign Yellow Pages Client

If Client, whom may we thank? _____

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Please indicate type of payment you prefer:

Cash Check Credit Card Visa/Debt Card

Drivers License # _____ Expiration Date: _____

D.O.B.

I declare that all of the information given above is correct and true to the best of my knowledge and I understand that I am responsible for all charges incurred for the treatment of my pet(s) during his/her visit.

Signature: _____ Date: _____

Updated: _____