

**New Client Information**

Please Print

**YOUR Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

(This is used to send you reminders and information from Hidden Valley only)

**How would you like to be contacted?** Phone \_\_\_\_ Email \_\_\_\_ Text \_\_\_\_

**Your Date of Birth:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_  
(Needed for Check Writing)

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**SPOUSE Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_  
(Needed for Check Writing)

**Do you have other pets?** Dog \_\_\_\_ Name \_\_\_\_\_ Cat \_\_\_\_ Name \_\_\_\_\_

**In Case of Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Name**

- |                                                  |                                                          |
|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> <b>Drive By Sign</b>    | <input type="checkbox"/> <b>HVAH Website/On-line</b>     |
| <input type="checkbox"/> <b>Emergency Clinic</b> | <input type="checkbox"/> <b>Yellow Pages (Check One)</b> |
| <input type="checkbox"/> <b>Previous Client</b>  | <input type="checkbox"/> <b>Independence</b>             |
|                                                  | <input type="checkbox"/> <b>Blue Springs</b>             |
|                                                  | <input type="checkbox"/> <b>Lee's Summit</b>             |
|                                                  | <input type="checkbox"/> <b>Kansas City</b>              |

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT MY PET(S). 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 AND THAT A DEPOSIT MAY BE REQUIRED.

**Signature of Owner/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Method of Payment (Please Circle):** CASH CHECK VISA MASTERCARD DISCOVER CARE CREDIT