

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

**\*\*ALL FEES ARE REQUIRED AT THE TIME SERVICES ARE PROVIDED\*\***

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

### CLIENT INFORMATION:

Name (Mr., Mrs., Ms., Dr.) \_\_\_\_\_

Spouse: \_\_\_\_\_

**Addresses – Please remember to include street, city, and zip code.**

Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Numbers – Please Mark the First Phone Number to Call for Reminders and Updates**

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (For Reminders and Updates)

May we call you at work if needed? Yes  No

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

If client, whom may we thank? \_\_\_\_\_

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**Please indicate your preferred method of payment:**

Cash  Check  Credit Card  Visa/Debt Card  Care Credit

\*\* We accept all major bank cards, including Visa, Mastercard, Discover, and American Express

Drivers License # \_\_\_\_\_ Client's Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

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 their visit.

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

Updated: \_\_\_\_\_