

Mountain Valley Veterinary Services

New Client Welcome Sheet



Welcome to Mountain Valley Veterinary Services (MVVS)! Thank you for choosing us for your large and small animal veterinary needs. So that we may best serve you, please fill out the following information.

Client Information:

Owner's Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Spouse/Other Contact Name: _____ Phone: _____

Email address: _____

Please check the box of the following:

I'd like to receive my statements via email *instead* of physical mail

I'd like to receive the MVVS Newsletter

Patient Information:

Name of Animal: _____ Species: _____

Birthdate if known/Age: _____ Gender: _____

Breed: _____ Coloring: _____

Any known health issues? Medications? Allergies? _____

I hereby authorize the veterinarians of MVVS to examine, prescribe for, and treat the above mentioned animals. I assume the responsibility for all charges incurred in the care of my animals. I also understand that the charges will be paid at the time veterinary care is rendered.

Signature of the Owner/Client

Date