



# Chaska Valley Veterinary Clinic

## INITIAL CLIENT REGISTRATION

Date\_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Pager/Cell# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Spouses/Partners Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

How did you hear of our clinic \_\_\_\_\_ E-Mail (optional) \_\_\_\_\_

The financial policy of our clinic is payment at the time of services. We cannot extend the privilege of charging services as this puts us in the position of becoming a lending institution.

Your payment options are: Cash Check\* Visa Mastercard Discover

\*Your Drivers License needs to be on file for writing checks \_\_\_\_\_  
Drivers License # \_\_\_\_\_

### Pet Information

Pet's Name \_\_\_\_\_ Age/Date of Birth \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Place of most recent veterinary visit? \_\_\_\_\_

Date last Vaccinated? \_\_\_\_\_ Heartworm Tested? \_\_\_\_\_