



Miami Valley Animal Hospital, Inc., 1550 E David Rd, Kettering, OH 45429
937.434.VETS (8387)

NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to **Miami Valley Animal Hospital, Inc.** In order for us to provide you and your pet/s with exceptional care and service, we will need to collect information from you about your pet/s. Our mission is to provide our clients with the very best medical care, and compassionate veterinary treatment. Our entire staff is well trained to provide you and your pet/s with a full range of medical treatment, surgery, boarding, grooming, and bereavement support. If you have any questions, please feel free to ask any of our staff for assistance..

CLIENT INFORMATION

Date: _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Ext _____ Cell (____) _____

E-mail address _____ Employer _____

Social Security Number: _____

Spouse Last Name _____ Spouse Firsts Name _____

Spouse Phone Number (____) _____ Spouse Alternate Number(____) _____

PATIENT INFORMATION

Pet's Name: _____ **2nd Pet's Name:** _____

Sex: Male Female Sex: Male Female

Neutered or Spayed? YES NO Neutered or Spayed? YES NO

Birth date: _____ Microchip ID# _____ Birth date: _____ Microchip ID# _____

Breed: _____ Color: _____ Breed: _____ Color: _____

Allergies: _____ Allergies: _____

Special Medications: _____ Special Medications: _____

Special Diet: _____ Special Diet: _____

Species: DOG CAT REPTILE FERRET POCKET PET BIRD RABBITT OTHER _____

How did you become aware of Miami Valley Animal Hospital, Inc.?

Referred by friend? Who may we thank? _____

Referred by veterinarian? Who may we thank? _____

Drove by Brochure Previous client Petland Store Website, www.mvahinc.com Other _____

Yellow pages: Which one? SBC Yellow Pages Yellow Book

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet/s. I assume responsibility for all charges incurred in the care of this/these animal/s. I also understand that these charges will be paid at the time of service or release and that a deposit may be required for surgical treatment.

Signed: _____ Date: _____

For your convenience, we accept: Cash Check Master Card Visa Discover Debit Card

Care Credit (Bank One) See our receptionist for any questions you many have regarding payment.