

Welcome to **West Valley Pet Clinic**

Last Name		First Name		Spouse's Name	
Address			City & Zip		Your Date of Birth (For Controlled Drugs)
Home Phone <input type="checkbox"/> Primary		Cell Phone <input type="checkbox"/> Primary		Other _____ <input type="checkbox"/> Primary	
How did you learn about West Valley Pet Clinic?			Driver's License #		
<input type="checkbox"/> Saw Sign <input type="checkbox"/> Yelp.com <input type="checkbox"/> Search Engine <input type="checkbox"/> CareCredit <input type="checkbox"/> Client/Dr Referral _____ <input type="checkbox"/> Other _____					
Email Address				I authorize contact via <input type="checkbox"/> Text/mms <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter @ _____	
<input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> MC <input type="checkbox"/> CARE CREDIT <input type="checkbox"/> AMEX		Credit Card Number (Optional)		Expiration Date	
<p style="text-align: center; color: blue;">FEES ARE PAYABLE AT TIME SERVICES ARE RENDERED. PERSON PRESENTING PET IS LEGALLY RESPONSIBLE FOR PAYMENT OF FEES. OVERDUE ACCOUNTS CHARGED .83% MONTHLY(\$3 MIN).</p>					
Signature				Date	