



New Patient Form

Owners Name: _____

Physical Address: _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Pet(s) Name(s): _____ Species: _____

Breed: _____ Age: _____ Gender: _____

Spayed or Neutered?: Yes No

Pet(s) Name(s): _____ Species: _____

Breed: _____ Age: _____ Gender: _____

Spayed or Neutered?: Yes No

Pet(s) Name(s): _____ Species: _____

Breed: _____ Age: _____ Gender: _____

Spayed or Neutered?: Yes No



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Terms and Conditions

I am the legal owner (or an authorized agent of the owner) of the pet(s) described above. I hereby authorize the veterinarians and staff of Valley Animal Hospital at Conway Area Humane Society to examine, prescribe for and treat said pet. I assume responsibility for all charges incurred while my pet is under the care of the Valley Animal Hospital. **I understand that all fees are due at the time of the service.**

Signature: _____ Date: _____

Social Media Consent

At Valley Animal Hospital, we appreciate and want to share all of our clients! Please either check YES or NO and sign below to let us know what your preferences are for sharing your pet's pictures on our social media pages and website. By checking, yes, you agree to allow us to use pictures of your pet to help promote the Valley Animal Hospital and Conway Area Humane Society. By checking No, you do not agree with us sharing any of your pet's pictures.

- ☐ Yes, Please share pictures of my pet!
- ☐ No, thank you, I would prefer not to share my pet's pictures.

Signature: _____ Date: _____

Financial Policy

We know just how important your pet is to you, and we strive to provide the most affordable care we can. We accept various payment methods (Mastercard, Visa, Discover, Apple Pay, American Express, debit cards, cash, check, etc.) and are always expanding what we are able to offer. Exam fees are necessary to help cover the cost of the vet team's time while they examine your pet. Additional costs will be required for diagnostics and medications to help treat your pet. These will all be explained to you before anything is performed, and our vet team will work with you to determine the best action for your budget and pet's needs. For more extensive workups and surgery, an estimate will be created and provided to you before services are performed.

Signature: _____ Date: _____