



Welcome to Fox Valley Veterinary Clinic!

*Please take a few minutes to give us the
information we need to properly register your
family with us.*

Client Information

Last Name: _____ First Name: _____
Spouse or Co-Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Which phone number should we use as your primary number? () home () cell
Employer: _____ Work Phone: (____) _____
Emergency Contact: _____ Phone: (____) _____
Driver's License #: _____

Vaccination Reminders

How would you like to be notified for vaccination reminders?
() Post Card () Email

Email Address: _____

Pet Information

Pet's Name: _____
Species: () Dog () Cat () Other: _____ Breed: _____
Color: _____
Gender: () Male () Female Birthdate or approximate age: _____
Neutered/Spayed: () Yes () No Microchipped: () Yes () No

How did you learn about our practice?

() Yellow Pages () Drive-by
() New Homeowner Letter () Internet
() Other: _____ () Referred by: _____

How do you plan to pay today? () Cash () Visa () MasterCard () Discover

Authorization

*I accept responsibility for all charges incurred in the care of my pet, and understand
that all professional fees are to be paid at the time services are provided. I authorize
microchip verification by Fox Valley Veterinary Clinic.*

Signature of client or agent: _____ Date: _____