

Value Veterinary Services  
21724-B Sherman Way  
Canoga Park, Ca. 91303  
818-592-0092

NEW PATIENT RECORD

Client's Name: \_\_\_\_\_  
(last) (first) (spouse)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Is this your first visit here? \_\_\_\_\_ Email: \_\_\_\_\_

Animals:	#1	#2	#3	#4
Name				
Species				
Breed				
Color				
Date of Birth				
Sex				
Spayed/Neutered	Yes No	Yes No	Yes No	Yes No

Reason for today's visit: \_\_\_\_\_

Medical History: \_\_\_\_\_

Referred by: \_\_\_\_\_

PLEASE READ AND SIGN BELOW

Driver's License Number \_\_\_\_\_

I hereby consent and authorize the doctors of Value Veterinary Services to receive, prescribe for, treat and operate upon my animals described above. I understand the doctor and the staff of Value Vet will use reasonable precautions against injury, escape or harm to my animals. In the event that my animals need special services, medications or life saving procedures not previously discussed with me, I understand the doctors at Value Vet will perform whatever is necessary for the health and safety of my pet. I also understand reasonable attempts to contact me regarding such procedures will be made and I agree to pay in full for all such services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_