



12 Centre Street | Salem, CT 06420 | p: 860.859.1649 | f: 860.859.3781 | salemvalleyvet.com

**Thank you for providing us with the opportunity to care for your pet.**

Owner Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

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

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**NOTE:** The owner's cell phone will be listed as the "Primary Contact Number" in the system unless otherwise specified.

Email: \_\_\_\_\_

Spouse/Co-Owner Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

How did you learn about our practice?  Referral (by whom): \_\_\_\_\_

Internet  Social Media  Ad  Other (please specify): \_\_\_\_\_

Veterinary clinic and doctor information (current/previous/referral): \_\_\_\_\_

\_\_\_\_\_

Pet Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_  Dog  Cat  Other (please specify): \_\_\_\_\_

Color/Markings: \_\_\_\_\_  Male  Male/Neutered  Female  Female/Spayed

Current medication(s): \_\_\_\_\_

Microchipped?  Yes  No If Yes, microchip number: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_  Dog  Cat  Other (please specify): \_\_\_\_\_

Color/Markings: \_\_\_\_\_  Male  Male/Neutered  Female  Female/Spayed

Current medication(s): \_\_\_\_\_

Microchipped?  Yes  No If Yes, microchip number: \_\_\_\_\_

I/we agree to pay Salem Valley Veterinary Clinic, P.C. (SVVC), all fees for services (professional, boarding, or other) and all costs of medications or other products at the times services are rendered or products received by me/us. I understand that, upon request, SVVC will provide me/us a written estimate of the cost of veterinary services. I agree that any SVVC estimate regarding the cost of veterinary services is only an estimate, and not a firm price, and that I will pay the actual cost of such services, whether the actual cost is higher or lower than any estimate provided to me. I hereby authorize the veterinarian to examine, prescribe for, or treat the pet(s) listed above.

Signature of Owner/Co-Owner: \_\_\_\_\_ Date: \_\_\_\_\_