



Apple Valley  
Veterinary Clinic

820 East Northland Avenue Appleton, WI 54911 🐾 (920)-733-1962 📧 AVVC@applevalleyvet.com

**Client Information**

Name: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Preferred method of communication?  Mail  Email  Phone

**All Fees are due at the time services are rendered**

**We do NOT carry open accounts, we offer the following alternatives.**

Please indicate choice of payment  Cash  Check  Visa/Mastercard  Discover  Care Credit

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you become aware of our Clinic?  Location  ATT Directory  Yellow Book/YP directory  
 Humane Society  Hospital sign  Internet (Facebook/Google)  AVVC Website  Previous Client  
 Personal Recommendation (whom may we thank?) \_\_\_\_\_

Would you be eligible for our senior discount?  No, I am under 65 years old  Yes, I'm 65 or older

Previous Veterinarian: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Any previous serious illnesses, surgeries? \_\_\_\_\_

Any allergies to vaccines or medications? \_\_\_\_\_

Is your pet on any special diet or medications? \_\_\_\_\_

🐾 Pet Info 📌	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Birthdate or Age				
Color				
Male or Female				
Neutered or Spayed				

I agree to pay any costs and charges necessary for the collection of any amount paid when due. Interest is charged at the rate of 1.5%mo/18% year or \$5.00 per month, whichever is greater.

There will be a fee of \$52 service fee for NSF checks.

To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on all vaccines and free of internal and external parasites.

I authorize Apple Valley Veterinary Clinic to provide medical services as recommended by the Veterinarians of Apple Valley Veterinary Clinic.

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

Owner or authorized Representative