



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) 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