



Indian Valley Animal Hospital

749 Pennsylvania 113, Souderton, PA 18964

(215) 723-3971

www.ivah.com



CLIENT INFORMATION FORM

Date: _____

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer's Name: _____ Work Phone: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Spouse's/Other Employer: _____ Work Phone: _____

E-mail Address: _____

What is the best time and phone number to call you at regarding your pet? _____

In case of an emergency please call- Name: _____ Phone Number: _____

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

HOW DID YOU HEAR ABOUT US?

Referral? Who may we thank? _____ Hospital Sign Yellow Pages

Other: _____

****Professional fees are due at the time of services rendered.****

We accept Visa, Mastercard, Discover and Care Credit.

A 50% deposit (\$100 minimum) is required for all surgery & medical cases admitted into our hospital.

I, undersigned owner of the pet(s) identified below consent to the examination of my pet(s) Indian Valley Animal Hospital staff and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize or perform surgery on my pet(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected lifesaving emergency care be required for my pet(s), Indian Valley Animal Hospital staff has my permission to provide such treatment and I agree to pay for such care.

Signature of Owner/Agent: _____ Date: _____

(must be 18 years of age or older)

Thank you for giving us the opportunity to care for your pet!