



# Volusia Veterinary Services

## Client Information

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

Your Name: \_\_\_\_\_ Spouse/Sig Other Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

May we use photos of you/your pet on social media/website? \_\_\_\_\_

Do we have your permission to request previous records? \_\_\_\_\_

Previous veterinary clinic: \_\_\_\_\_

**I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY BALANCE AND THAT  
PAYMENT FOR SERVICES IS DUE AT THE TIME OF VISIT.**

PAYMENT MAY BE MADE BY CHECK, CREDIT (VISA, MC, DISCOVER), CASH OR MONEY ORDER.

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

## Patient Information

Name	Species	Breed	Age/DoB	Gender	Spay/ Neuter	Color

Special Instructions/Information: \_\_\_\_\_

\*All Procedures and Exams Require A Current Rabies Certificate on File. Personal checks returned for insufficient funds will be charged a returned check fee of \$25.00. Records request must be made in writing.\*