



# Welcome

We are paw'sitively delighted that  
you want to be FEAR FREE with TVAH!

Have you been here before with any other pet? Y / N

If so, what is the pet's name \_\_\_\_\_

Your First & Last Name: \_\_\_\_\_ Primary Ph.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Your DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternate contact Name: \_\_\_\_\_ Alt. Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Patients Name: \_\_\_\_\_ Age or D.O.B.: \_\_\_\_\_ Microchipped? Y / N

SPECIES: K9 / Feline ~ M / F ~ Neutered / Spayed BREED: \_\_\_\_\_

Does your pet have any allergies? Y / N If so, What? \_\_\_\_\_

Previous Vet for records: \_\_\_\_\_

How did you hear about TVAH? Google / FB / Yelp / Other? \_\_\_\_\_

Whom may we thank for your referral? \_\_\_\_\_

May we use your pet's image for educational or social media purposes? Y / N

Check us out, and "Like" us on FB and Instagram! @tvahcare

We accept Cash, Visa, MasterCard, Discover, and American Express = Thank you!  
~ Please know that payment is due upon services rendered ~

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