



# Arbor View Animal Hospital

244 W. US Highway 6  
Valparaiso, IN 46385  
219-76-ARBOR (219-762-7267)  
[arborviewah@gmail.com](mailto:arborviewah@gmail.com)



Today's Date: \_\_\_\_\_  
Your Name: \_\_\_\_\_ Spouse/Companion: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Emergency contact – Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Preferred communication method: \_\_\_ Phone call \_\_\_ Email \_\_\_ Text

## Pet Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_

### **Medical History:**

Are your pet's vaccinations current? \_\_\_ Where were they done? \_\_\_\_\_  
Is your pet on any medication? \_\_\_ If yes, what? \_\_\_\_\_  
Does your pet have allergies? \_\_\_ If yes, what kind? \_\_\_\_\_  
Does your pet have a microchip? \_\_\_ Does your pet have health insurance? \_\_\_ If so, what company? \_\_\_\_\_  
Other medical history: \_\_\_\_\_

How did you about us? \_\_\_ Personal Recommendation – Whom may we thank? \_\_\_\_\_  
\_\_\_ Clinic Sign \_\_\_ Website \_\_\_ Yellow Pages \_\_\_ Other

## Payment Information

**All services are on a pay-as-you go basis and must be paid at the time of service. Deposits are required if you pet is going to stay with us for any reason.**

**Please Circle payment method(s):** Cash Visa Mastercard Discover Care Credit

Established clients may pay by check (In-State only):

DL# \_\_\_\_\_ Exp date \_\_\_\_\_ DOB: \_\_\_\_\_