



1605 Bovine Lane ♦ Wausau, WI 54401

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New Client Information Form

Date: _____

Owner Name: _____

Spouse/Co-Owner Name: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ May we contact you at work? Yes No

Employers name: _____

How did you hear about our clinic? (please check all that apply)

Yellow Pages Newspaper Radio Facebook Twitter Clinic sign

Professional Referral Friend/Relative Referral

If referral, whom can we thank? _____

Previous Veterinary Clinic: _____

Our objective as a veterinary clinic is to provide you and your animal(s) with the best possible veterinary care. **Thank You** for selecting us to care for your companions!

Our staff will gladly provide a written estimate of fees at your request. Please ask our staff if you have any questions regarding your pet's health care, fees, or payment procedures.

*****All fees must be paid at the time of service*****

We accept the following forms of payment:

Cash Check Credit (Visa, MasterCard, Discover, American Express)