



VILLAGE SQUARE VETERINARY HOSPITAL

Portola Valley
884 Portola Rd,
Portola Valley,
CA 94028

frontdeskvsvh@gmail.com

Woodside
1725 Woodside Rd,
Redwood City,
CA 94061

woodsidevet1725@gmail.com



NEW CLIENT REGISTRATION FORM

Welcome to Village Square Woodside Veterinary Hospital! We are so glad you've chosen us to provide care to your pet(s). Your feedback is truly valuable to us and we strive to make your pet's time here as enjoyable as possible. Thank you for allowing us the opportunity to take care of your loved ones.

Owner Name: _____ DOB (for controlled drugs): _____

*Co-owner/Partner Name: _____

Address: _____ City: _____ Zipcode: _____

Email: _____ Phone: _____ (C) _____ (H) _____

PATIENT(S) INFORMATION:

Name of Pet: _____ Cat Dog Other _____ Male Female

Breed: _____ Spayed/Neutered? Yes No Color: _____

DOB (or approx. age): _____ Any special notes? (ie: allergies, temperament, health concerns):

Name of Pet: _____ Cat Dog Other _____ Male Female

Breed: _____ Spayed/Neutered? Yes No Color: _____

DOB (or approx. age): _____ Any special notes? (ie: allergies, temperament, health concerns):

Previous Veterinary Hospital: _____ Phone: _____

I hereby authorized the veterinarians & staff to examine, prescribe for, and/or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that any and all charges will be paid for at the time when services are rendered and that a deposit may be required for hospitalization, treatment and/or surgery.

Signature of Owner: _____

Date: _____

