



# Chaska Valley Veterinary Clinic

## ANNUAL CLIENT UPDATE

Date \_\_\_\_\_

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Owner's Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone # \_\_\_\_\_ Pager/Cell# \_\_\_\_\_

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Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

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Spouses/Partners Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

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How did you hear of our clinic \_\_\_\_\_ E-Mail (optional) \_\_\_\_\_

The financial policy of our clinic is payment at the time of services. We cannot extend the privilege of charging services as this puts us in the position of becoming a lending institution.

Your payment options are: Cash Check\* Visa Mastercard Discover

\*Your Drivers License needs to be on file for writing checks \_\_\_\_\_  
Drivers License # \_\_\_\_\_