

TREASURE VALLEY VETERINARY HOSPITAL  
2600 S. Meridian Rd.  
Meridian, ID 83642  
208-888-4844 tvvh2600@gmail.com  
www.treasurevalleyvet.com

**OWNER INFORMATION**

First \_\_\_\_\_ Last \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

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

We use email to confirm appointments, send reminders, and to check in after surgeries.

Email \_\_\_\_\_

We use text messaging to send you pictures of your pet and confirm appointments.

Cell Number For Text Messages \_\_\_\_\_ Or \_\_\_\_\_

Other Phone Numbers

Work Cell Home \_\_\_\_\_ Work Cell Home \_\_\_\_\_

**PET INFORMATION**

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth (approximate) \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered Y N

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth (approximate) \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered Y N

**Vaccination and Medical Record Release Form**

The Idaho Veterinary Medical Board requires written consent for your pet's medical records and/or vaccination history to be released. Please fill out the information below, this will become part of your pet's permanent record.

Treasure Valley Veterinary Hospital:

\_\_\_\_ Has my permission      \_\_\_\_ Does not have my permission  
to release my pet's medical and/or vaccination records

Signed \_\_\_\_\_ Date \_\_\_\_\_