

## **New client/Patient Information**

Pet Owner's Name \_\_\_\_\_ DOB \_\_\_\_\_ Co-Owner/Spouse \_\_\_\_\_

Relationship with Co-Owner \_\_\_\_\_

**\*We will need to have authorization from Co-Owner to be on the account for legal purposes.**

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

Primary Phone \_\_\_\_\_ Co-Owner Phone \_\_\_\_\_

Employer's Name and Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Is there anyone we can specifically thank for referring you to Riverside Animal Hospital?

\_\_\_\_\_

Are there any other Sources that have led you to us? Check all that Apply:

Radio \_\_\_ Drive-by \_\_\_ Family/Friends \_\_\_ Internet \_\_\_ Yellow Pages \_\_\_ Other \_\_\_

Payment for services is due upon checkout. We will gladly prepare an estimate prior to performing treatments for your pet. We accept cash, check, Visa, MasterCard, Discover, American Express, and Care Credit. You must be 18 years of age or older to create an account or to authorize services.

## **Pet Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Species: Dog Cat Rabbit Ferret Other \_\_\_\_\_

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

Gender: Male Female

Spayed or Neutered? \_\_\_\_\_

Past Medical Conditions (Allergies, heart conditions, etc.)

\_\_\_\_\_

\_\_\_\_\_