

Pet Registration and History

Welcome!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take time to fill out this form completely.

Registration

Owner _____ Date ____/____/____

Other Owner or Spouse _____

Children / Ages _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone _____

Email Address _____ May we contact you at **work**? Yes No

Emergency Contact Name _____ Emer. Phone (____) _____

How did you learn of our clinic? Recommendation Other _____

If recommended, whom may we thank? _____

Number of pets in household: Dogs _____ Cats _____ Other (specify) _____

Pet's Health History

Pet's Name _____ Dog Cat Other _____

Age / Birth date _____ Sex Male Female Neutered/Spayed Yes No

Breed _____ Color _____

Pet's Current Diet _____

Pet's Current Medications/Prior Illness _____

****Please provide your pet's vaccination history, or let us know if we can call your previous veterinarian for a copy of your pet's records. Thank You!**

Photo Authorization

I grant Riverbend Pet Hospital, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print or electronically. Purposes include lawful publicity, advertising, illustration and web or social media content.

The above MAY take photos of me and/or my pet. The above MAY take photos of ONLY my pet.

The above MAY NOT take photos of me/and or my pet.

Signature: _____ Printed Name _____ Date ____/____/____

Authorization

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). **ALL FEES ARE DUE IN FULL AT TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of treatment. There will be service fees charged on all returned checks. **A monthly service fee of (\$5.50) and an interest charge of 1.5 % will be charged to all overdue accounts.**

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume full responsibility for all charges incurred in the care of this animal.

Signature of Owner _____ Date ____/____/____