

RIVERVIEW ANIMAL CLINIC, P.C.

Patient and Client Information Sheet

Primary Names

(Mr., Mrs., Dr., Ms.) _____, _____
Last First

Secondary Name (optional)

(Mr., Mrs., Dr., Ms.) _____, _____
Last First

Address: _____
Street City State Zip

E-mail: _____

Primary: (Home) _____ (Cellular) _____ (Work) _____

Secondary: (Home) _____ (Cellular) _____ (Work) _____

Primary: Employer _____ Occupation _____

Driver's License _____ Social Security # _____

Secondary: Employer _____ Occupation _____

Driver's License _____ Social Security # _____

IS THIS A REFFERAL VISIT? Veterinarian/Clinic Name _____

Who is your regular/previous Veterinarian? _____

How did you become aware of our hospital?

Yellow Pages Personal Recommendation (Whom may we thank) _____

Internet Hospital Sign

**PICTURE ID IS REQUIRED
SINCE YOU ARE LEAVING
PERSONAL PROPERTY
(YOUR PET) IN OUR CARE**

FINANCIAL STATEMENT

Payment is due at the time of services rendered. Payment can be made in the form of cash, check, or credit card. At your request, we are happy to provide an estimate for services.

Client is responsible for all costs of collection, including attorney's fees, for any accounts past due. All unpaid balances are due by the 25th of each month. A 1.50% late charge will be assessed to all accounts in default. Client will be responsible for all fees incurred on any returned checks.

Cancellation Policy: Missed appointments and boarding reservation not cancelled 24 hours in advance are subject to a \$25.00 service charge.

Signature _____ Date _____

PATIENT (PET) MEDICAL HISTORY (Please fill in the following for each pet)

All animals must be current on vaccinations or they will be given at the owner's expense

	PET 1	PET 2	PET 3	PET 4
Name				
Species (dog, cat, exotic)				
Breed				
Description (color)				
Date of Birth / Age				
Sex				
Neutered or Spayed?				

Do any of the following apply?

Thunderstorm Anxiety / Phobias				
Special Diet				
Allergies- (Food, Environment, Medication, Vaccination)				
Aggression- (Human, Animal)				
Chronic Medical Conditions				
Routine Medications				
Other				

FOR OFFICE USE Data Entry:

Date: