



PET OWNER'S INFORMATION:

Today's Date: ____ / ____ / ____

Owner of Pet (financially responsible): _____

Address: _____
Street / P.O. Box / Apartment # City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

***Please check the primary phone number that is best for us to contact you.*

Email address: _____

How would you prefer to receive your yearly reminders? Email Standard Mail

Place of employment: _____

Spouse's Name: _____ Work phone: _____ Cell phone: _____

How did you hear about RVC? (Check One) Friend: Name: _____
Yellow Pages Driving by Other: _____

PET INFORMATION:

PET # 1		
Pet's Name: _____		
Dog	Cat	Other: _____
Age: ____ Date of Birth: _____		
Breed: _____		
Color: _____		
Male	Female	Spayed / Neutered?

PET # 2		
Pet's Name: _____		
Dog	Cat	Other: _____
Age: ____ Date of Birth: _____		
Breed: _____		
Color: _____		
Male	Female	Spayed / Neutered?

PET # 3		
Pet's Name: _____		
Dog	Cat	Other: _____
Age: ____ Date of Birth: _____		
Breed: _____		
Color: _____		
Male	Female	Spayed / Neutered?

PET # 4		
Pet's Name: _____		
Dog	Cat	Other: _____
Age: ____ Date of Birth: _____		
Breed: _____		
Color: _____		
Male	Female	Spayed / Neutered?

WHO TO CONTACT IN CASE OF EMERGENCY:

If you and your spouse are unavailable, whom may we contact regarding your pet's medical treatment?

Name: _____
(Friend or Relative) Home phone Cell phone Work phone

Name: _____
Signature of Owner or Authorized Agent Date

EMERGENCY PROCEDURES:

Our doctors and staff strive to provide the best care possible for your pet. However, medical emergencies do sometimes occur, despite excellent care – even with healthy pets! Should an emergency occur, and we are unable to reach you or your contact person, it would be helpful to know your wishes regarding necessary treatments for your pet. Emergencies can be costly due to extensive treatments and medications. Please understand that most medical emergencies will involve fees in excess of \$200.

Please initial one of the following options authorizing therapy in case of an emergency:

- _____ Basic stabilization only – (until you are able to be contacted to discuss treatment options)
_____ Any amount of treatment necessary

FINANCIAL POLICY:

Professional fees are due at the time services are rendered.

If at any time you are concerned about the cost of a procedure or service proposed by the doctor, we will be happy to discuss the cost with you **prior** to having the procedure or service performed.

_____ (Please Initial Here)

For your convenience in paying, our office accepts cash, in-state checks, or credit cards.
Our office does not provide payment plans or include billing.

****Please indicate how you will be paying today by selecting one of the following options****

Cash In-state check* Credit card

***There is a \$30 nsf fee on all returned checks**

Driver's License # _____ State: _____ Expires _____

By signing below I understand that I am responsible for charges incurred for animal medical services and that payment of the entire balance is due upon release of the pet. If for any reason my method of payment is declined, (check returned NSF, credit card charges denied, etc.), I understand that I am responsible for any applicable fees, charges, and collection expense incurred by Riverbank Veterinary Clinic.

Signature of Owner or Authorized Agent Date

*We at Riverbank Veterinary Clinic strive to go above and beyond our means to accommodate and meet the needs of our clients.
It is always our intention to provide the best animal care for your pet(s).*