



WELCOME

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

Owner: _____
Co-Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Home: _____
Work: _____
Mobile: _____
Driver's License #: _____ St _____
Expiration (Mo/Yr) _____

Email Address: _____
(E-mail address will be used for occasional newsletters or reminders; it will not be sold or shared)
Are you the owner of the pet? Yes No
If not, who is? _____
How did you hear about us?
 Yellow Pages Drive by
 Friend/Family; who can we thank? _____
 Other _____

Name of Pet: _____
Species: Canine Feline Other
Breed: _____ Color: _____
Sex: Male Neutered Female Spayed
DOB or Approximate Age: _____
Is your pet microchipped?
 Yes, # _____ No

Date of last vaccinations:
Canine Distemper/Parvo: _____
Rabies: _____
Bordetella: _____
Feline CVR: _____
Other: _____
Previous Vet: _____

Length of Time Owned: (Months/Years): _____
Resides/ Travels (City/State): _____
Environment: Indoor Outdoor Indoor/Outdoor
Other Pets: Dogs: _____ Cats: _____ Other: _____
Obtained From: Breeder Rescue Other

Diet:
 Dry Brand: _____
 Wet Brand: _____
 Homemade Amount/Feeding: _____

Current Medications:
(Please List Name, Dosage, and Directions)

Past History:
(Please List Prior Major Illness/Surgery/Injury)

Authorization

I hereby authorize the veterinarians at River Road Pet Clinic to examine and prescribe for the above-described pet(s). I agree to assume responsibility for all charges incurred in the care of this animal. I understand that all of the charges incurred in the treatment of my pet will be paid for at the time of discharge. We do not bill. We accept Cash, Check (with Drivers License), Visa, Master Card, Discover, Care Credit or Debit Card. In the event my pet has an outstanding balance, I give my permission to charge the balance to my credit card or debit card. I also understand that an estimate of the fees for veterinary services will be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered, and during my pet's ongoing medical treatment. A deposit may be required prior to any medical, surgical, or boarding care being provided. River Road Pet Clinic participates with Pima County Attorney's Bad Check Program; consequently we may ask for your Drivers License number. Please be advised that any balance not paid within 30 days is subject to billing fees.

I have read and understand the above information.

Signature of Owner _____

Date: _____