



North River Animal Hospital

NEW CLIENT FORM



Today's Date _____

Ms. Mrs.

Mr. Dr.

First Name _____ Last Name _____

Address _____ City _____ ST _____ Zip _____

Home Number _____ Cell/Pager _____

Email Address _____

Employer _____ Phone Number _____

PET INFORMATION

Name of Pet _____ Canine Feline Other _____

Breed _____ Male Female Neutered

Date of Birth _____ Color _____

Known Drug Allergies _____

Known Health Problems _____

Current Medications _____

Name of Pet _____ Canine Feline Other _____

Breed _____ Male Female Neutered

Date of Birth _____ Color _____

Known Drug Allergies _____

Known Health Problems _____

Current Medications _____

I authorize and direct the veterinarians at the North River Animal Hospital to diagnose, prescribe, perform procedures, that their judgment may dictate to be advisable for the patient's well being. No warranty or guarantee has been made as to the result or cure.

ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.

In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost included in said unpaid balance, including a reasonable collection and /or attorney's fees.

Signature of Responsible Party _____ Date _____

How did you hear of us: brochures/flyer yellow pages pet store humane society saw sign location newspaper/advertising
 Previous client dog control website internet

Who referred you: Friend _____ Doctor _____ Clinic _____

