

CLIENT INFORMATION

Owner: Last Name: _____ First: _____ Spouse: _____

Owner D.O.B _____ DL # _____ Spouse D.O.B. _____ DL # _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Spouse Cell: _____ Work: _____

Place of Employment: _____ Spouse: _____

How Did You Hear About Our Clinic? _____

Email Address: _____

Pet Information

Name: _____ Breed: _____ Color: _____

D.O.B. _____ Sex: _____ Spayed/Neutered ? _____

Microchip #: _____ Tattoo: _____

Enter the most recent dates for the following health procedures (If vaccinated at another clinic) :

Rabies: _____ DHP PV: _____ Kennel Cough /Bordetella: _____

Heartworm Check: _____ Fecal: _____ FVRCP: _____ FELV: _____

Reason For Visit: _____

If vaccinations were not given at this clinic we do require proof of vaccinations

I understand that I am financially responsible for the total charges for services rendered. I agree to pay in full for services rendered, including those deemed necessary for medical and/or surgical complications or unforeseen circumstances. Any estimate of charges for presently planned procedures is only an approximation and the final bill may be greater or less than this amount and made payable to RCVC. I am aware that a deposit may be required at the time of admission for surgical, drop off examinations, boarding, and emergencies.

The duration of this authorization is indefinite and continues until revoked in writing. I am responsible for payment of services in full. I further understand should my account become delinquent; I shall pay the reasonable attorney's fees or collection fees, If any.

Signature

Date