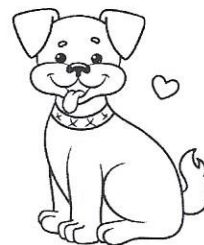




North River Animal Hospital

New Client Form



Today's Date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Cell Number: _____ Alternative Number: _____

Email Address: _____

Pet Information

Name of Pet: _____ Species: Canine Feline Other

Breed: _____ Male Neutered Female Spayed

Date of Birth or Approximate Age: _____ Color: _____

Known Drug Allergies: _____

Known Health Problems: _____

Current Medications: _____

Vaccine History: _____ Previous Vet: _____

Name of Pet: _____ Species: Canine Feline Other

Breed: _____ Male Neutered Female Spayed

Date of Birth or Approximate Age: _____ Color: _____

Known Drug Allergies: _____

Known Health Problems: _____

Current Medications: _____

Vaccine History: _____ Previous Vet: _____

I authorize and direct the veterinarians and staff at North River Animal Hospital to diagnose, prescribe, and 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 costs including in said unpaid balance, including a reasonable collection and/ or attorney fees.

Signature of Responsible Party: _____

How did you hear about us? _____

Brochures/ Flyers Pet store Humane society Saw sign Location Advertisement
Previous client Animal control Website Google Facebook

Who Referred You? _____

Friend, Doctor, Clinic