



**Thank you for giving us the opportunity to care for your pet(s).  
So that we may become acquainted, please complete the following:**

**Pet Information:**

Pet Name: \_\_\_\_\_ Species: CANINE ☐ FELINE ☐ OTHER ☐ \_\_\_\_\_  
Breed: \_\_\_\_\_ Birth Date or Age: \_\_\_\_\_  
Color/Description: \_\_\_\_\_

Lives Mostly: INDOORS ☐ OUTDOORS ☐ BOTH INDOORS AND OUTDOORS ☐

Sex: ☐ Male ☐ Male-Neutered  
☐ Female ☐ Female-Spayed

**Client Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If there is another person you would like to allow to make decisions regarding your pet's care, please list their full name and relation to you: \_\_\_\_\_ Their phone: \_\_\_\_\_

How did you hear about our hospital?

- ☐ Individual, someone we may thank \_\_\_\_\_  
☐ Internet search  
☐ Social Media (Facebook, Instagram)  
☐ Other? \_\_\_\_\_

**Upon request we will gladly prepare a written estimate, just ask one of our technicians.**

**Payment is due at the time services are rendered. To help prevent the spread of infectious diseases, ALL hospitalized animals must be current on all vaccines.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet listed above. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital, or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that audio recording may be used during my appointment as a means to streamline notetaking and hospital efficiency, but audio is not kept or stored by RVC. I understand that I must confirm my appointment at least 24 hours in advance, or it may not be held.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_