



NEW CLIENT QUESTIONNAIRE AND AGREEMENT

Name: _____ / _____
Last First Spouse

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Ways to communicate with you for updates, reminders, specials, and emergencies (Check All):

Voice Text Email Mail

How did you hear about us? (Friend, Drive by, Website, etc.): _____

If referred by a friend, please let us know who to thank: _____
(With our Share the Care referral program both of you will receive a \$10.00 credit)

Previous Veterinarian and Phone: _____

Pet's name: _____ Species (circle): Dog/Cat Color: _____

Age: _____ Breed: _____ Sex: Male/Female Spayed/Neutered: Yes/No

Previous Medical History/Concerns: _____

Pet's name: _____ Species (circle): Dog/Cat Color: _____

Age: _____ Breed: _____ Sex: Male/Female Spayed/Neutered: Yes/No

Previous Medical History/Concerns: _____

In consideration for services to be provided, I agree to pay all invoices **IN FULL AT THE TIME SERVICES ARE RENDERED** and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED PET. All unpaid balances are subject to a 1.5% per month interest charge. Returned checks are subject to the incurred returned check fee. In the event legal action is required to recover an unpaid balance I agree to pay all interest, court costs and attorney's fees. I authorize the release of my pets' medical records to Riverview Animal Hospital and hereinafter waive the written release requirement pursuant to KRS 321.185(3)(b)(1).

Signature: _____ Date: _____