RvVets
RONDOUT VALLEY VETERINARY ASSOCIATES

CLIENT PATIENT REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible please take the time to fill in this form completely. Thank you.

Client Information:

Last Name:_____ First:_____

Spouse's Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Home Telephone:_____ Work Telephone:_____

Cell Phone:_____Spouse's Work Phone:_____

E-Mail Address:_____

Driver's License: _____

Emergency Contact:_____ Phone:_____

Patient Information:

Pet's Name:_____ Birthdate:_____

Dog_____ Cat_____ Other_____ Sex: Male_____ Female_____

Breed_____ Spayed/Neutered_____ Color_____

Does your pet have any chronic illnesses? Yes _____ No _____

If yes, please describe_____

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Pet's current medications:_____

Describe your pet's diet:_____

Do you have other pets that come here? _____

Do you have pet health insurance? Yes ____ No ____

How did you hear of us? Yellow pages ____ Sign _____ Recommendation _____

Other _____ If recommended, by whom: _____

I am the owner or the agent for the owner of the above described animal, and am over 18 years of age, and have the authority to execute this document.

All fees are due at the time the patient is released. A deposit is requested on all hospitalized patients other than elective surgeries.

This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered, including reasonable attorney's fees and cost of collection in the event of default. If payment becomes thirty days past due, service charges at an a.p.r. of 18% and a $3.00 per month billing fee will be added.

Signature _____ Date _____

Method of Payment: ___ Cash ___ Check ___ Mastercard ___ Visa ___ Other

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