



Client Information Form

Are you new to us or a current client? (required)

New Client

Current Client

Name (required)

First Name

Last Name

Spouse/Co-Owner Name

First Name

Last Name

Name(s) and relationship(s) of anyone who has permission to make medical decisions for your pet(s)

Address (required)

Street Address (required)

City (required)

State

Phone

Phone Type

Phone #

Secondary Phone (if applicable)

Phone Type

Phone #

E-Mail Address

Spouse/Co-Owner Phone Number

Phone Type

Phone #

Spouse Occupation

How do you prefer to receive appointment confirmations?

E-Mail

Phone call

Text message

Which phone number can receive text messages?

Primary

Secondary

How do you prefer to receive annual reminders for exams and vaccines?

(required)

E-Mail

Postcard

If you are new to us, why did you select us?

Referral

Location

Facebook

Other Internet Source

Is there someone we may thank for referring you?

Patient Information

Pet's Name (required)

Age

Type of Pet

Canine

Feline

Breed

Sex

Male

Female

Neutered/Spayed

Neutered

Spayed

Color

Does your pet have a microchip?

Yes

No

Do you have pet insurance?

Yes

No

If yes, please indicate the insurance company

Please list any additional pets here

Please read – Social Media Consent

I authorize River Forest Animal Hospital, PC, to publish/display any photos/videos taken of my pet(s) in River Forest Animal Hospital facility or its publications (ex: websites, Facebook)

I have read this statement and – (required)

I agree

I disagree

Please Read- Payment due at time of service(s)

I understand, by indicating I agree and submitting this registration, that I am responsible for any charges incurred by my pet while in the care of River Forest Animal Hospital and that charges are due and payable at the time of service. I understand that I can request a written estimate for goods and services provided to me by River Forest Animal Hospital. I also understand that the acceptable forms of payment are cash, personal checks (processed electronically through TeleCheck and any checked returned unpaid will have a fee incurred), MasterCard, Visa, Discover and Care Credit.

I have read this statement and - (required)

I agree

I disagree