

**RIVERVIEW ANIMAL HOSPITAL
CLIENT INFORMATION SHEET**

Thank you for giving Riverview Animal Hospital an opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Date: _____

Primary Owner's Name: _____

Spouse/Other: _____ Children: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

Home: _____ Cell: _____ Spouse/other cell: _____

Email: _____

****We use email to communicate with you about your pet's care, product recalls, important health alerts, appointments, and in-hospital specials. Your email will *always* be kept confidential****

Place of Employment & phone (You): _____

Place of Employment & phone (Spouse/Other): _____

Emergency Contact: _____ Phone: _____

Are you interested in a recommendation for pet insurance? Circle one: YES NO

If you are a NEW client, how did you become aware of our clinic? Circle one:

Phone book Clinic sign Riverview Website Facebook Online Review Site (Google, Yelp, Etc.)

Personal recommendation of: _____

Did you know Riverview has a FREE mobile app for android and iPhone?

Use our app to request medication refills, make appointments, view our Facebook page, access your loyalty punch card, and much more! Search "RAH VET" in your mobile app store or scan this QR code.



We offer online booking! (See the link on our website or Facebook page)

We also offer virtual exams from your home! (Ask a staff member for more information)

All fees are due when services are rendered or upon release of patient.

For your convenience, we accept the following forms of payment:

Check Cash Visa MasterCard Discover American Express Care Credit**

- I understand that a \$5.00 statement-handling fee and interest at a rate of 1.5% per month will be assessed to all balances over 30 days old and that returned checks will be assessed a \$15.00 returned check fee.
- I understand that balances with no payments after 120 days will be sent to a collection agency.

****If you choose to apply for the Care Credit Payment Plan®, all credit approvals are subject to Synchrony Financial. Further information regarding the Care Credit Payment Plan® is available upon request.**

Signature: _____ Date: _____

****Please list all pets in your household****

Pet's name: _____ Date of birth or approximate age: _____
Species: _____ Breed: _____ Color: _____
Gender (please circle one): Male Neutered? Y N Female Spayed? Y N
Seen by a veterinarian in the last year? Y N For: _____

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