



NEW CLIENT FORM

CLIENT INFORMATION

First Name: _____ Last Name: _____

Home Address: _____ Apt, Unit, Suite # _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

How did you hear about us? _____

Name of Spouse or Other Contact: _____

Cell Phone: _____ OK to Text? Alt Phone: _____

Spouse Phone: _____ OK to Text?

I consent to have photos of my pet posted on company's Facebook Page and Instagram: Yes, I consent. No, I do not

PET INFORMATION

	Pet 1	Pet 2	Pet 3
Name:	_____	_____	_____
Breed:	_____	_____	_____
Color:	_____	_____	_____
DOB/Age:	_____	_____	_____
Sex (M/F):	_____	_____	_____
Spay/Neuter (Y/N):	_____	_____	_____

PAYMENT POLICY

Payment is due in full at the time of service rendered. We accept cash, checks, all major credit cards, and Care Credit. A \$30.00 service charge will be applied to any checks that returned unpaid.

I have read and understand the above statements and agree to all terms therein.

Signature: X _____ Date: _____



Authorization for Medical Treatment

Client's Name: _____

Pet's Name: _____

Medical Treatment(s) to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that

I am I am not (check one) eighteen years of age or over.

I authorize the veterinarian(s) at **River Run Animal Hospital** to perform the above procedure(s). I also agree that after consultation with me, the hospital's doctors may prescribe medication for, Treat, hospitalize, sedate, anesthetize, and/or perform surgery on my pet. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns. I have about those risks with the attending veterinarian before the procedure is initiated. My signature on this form indicates that any question I have regarding the following issues have been answered to mt satisfaction:

- The medical and/or surgical treatment alternatives for your pet
- Sufficient details of the procedures to understand what will be preformed
- How fully your pet might respond or recover and how long it could take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services and any necessary payment arrangements

I understand that an estimate of the costs for veterinary services will be provided to me and I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's ongoing medical treatment. While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. If my pet is hospitalized, I agree to pay a deposit of 50% of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than twenty-four hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every twenty-four hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me,

I would like my pet to be resuscitated (CPR) and agree to pay for these services

I would not like my pet to be resuscitated (DNR)

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I have read and fully understand the terms and conditions set forth above.

X _____
Signature of Owner or Agent

Date

Signature of parent or Legal Guardian
(If Owner/agent less than 18 years of age)

Date