

## Client & Pet Registration

Welcome to our clinic and thank you for choosing Ravenwood Veterinary Clinic for your pet's care. Please complete the following information about you and your pet accurately. Your pet's medical records are confidential and just as important as yours. Thank you!

### About You...

Your name: \_\_\_\_\_ Spouse/other: \_\_\_\_\_  
 Street address: \_\_\_\_\_ Apt./Unit# \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ S/S #: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Driver License #: \_\_\_\_\_ State issued: \_\_\_\_\_  
 Employer name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### About Your Pet(s)...

**Pet (1):** Name: \_\_\_\_\_ Sex:  Male  Neutered Male  Female  Spayed Female  
 Age & Date of Birth: \_\_\_\_\_ Species:  Cat  Dog  Other \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of last vaccines: \_\_\_\_\_

**Pet (2):** Name: \_\_\_\_\_ Sex:  Male  Neutered Male  Female  Spayed Female  
 Age & Date of Birth: \_\_\_\_\_ Species:  Cat  Dog  Other \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of last vaccines: \_\_\_\_\_

**Pet (3):** Name: \_\_\_\_\_ Sex:  Male  Neutered Male  Female  Spayed Female  
 Age & Date of Birth: \_\_\_\_\_ Species:  Cat  Dog  Other \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of last vaccines: \_\_\_\_\_

Is/are your pet(s) microchipped?  Yes  No If not, please ask us about this valuable service.

How were you referred to our office?  Website  Family/Friend  Local Event  Other: \_\_\_\_\_

### Payment Policy...

**Our office does not offer billing. Payment is due on the day of service.** We will gladly prepare a written estimate, if you desire.

Please ask our doctor during your appointment. Occasionally, a deposit may be required for certain procedures. We accept the following forms of payment: Cash, Personal Check, Credit/Debit:



\*Please note that when writing a check, a copy of a valid driver's license and social security will be needed for processing. There is a \$27.00 fee for a returned check in addition to the fees your bank may charge.



## Inpatient Information

To help prevent the spread of infectious disease, it is recommended that all hospitalized patients are current on all vaccines. Please provide proof that your pet is currently up to date.

If vaccines are not current, and doctors feel it is medically necessary, your pet will be vaccinated at your expense upon being admitted. This will incur an additional cost to your bill.

Client Initials: \_\_\_\_\_

## Treatment/Payment Authorization

I understand every effort will be made to achieve a successful outcome and provisions will be made for safe in-hospital care and handling. **I certify that I am 18 years of age or older and assume responsibility for all charges incurred.** I understand that charges are due at the time services are completed, unless prior arrangements have been made. I agree that should my account become delinquent, I will be responsible for all collection costs, including but not limited to the outstanding balance, interest, attorney fees, court costs and collection agency fees.

I hereby authorize Ravenwood Veterinary Clinic to treat my pet(s) and furthermore understand that unforeseeable adverse reactions to treatments are always possible and authorize treatment necessary should any reactions occur.

\_\_\_\_\_  
Signature of owner or authorized caretaker:

\_\_\_\_\_  
Date: