

River Hills



Pet  
Care

Hospital

## Welcome to River Hills Pet Care Hospital

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions that you have regarding your pet's health. To insure the best care possible, please take fill out this form to the best of your knowledge.

Primary Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Secondary Owner: \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

---

### How did you find out about our practice? (If you were referred by a current client, tell us who so we can thank them!)

- Referred by: \_\_\_\_\_
- Sign/Location
- Social Media
- Internet Search
- Advertisement
- Internet Review Site
- Other: \_\_\_\_\_

---

Pet's Name: \_\_\_\_\_ Species (dog, cat, rabbit, etc): \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Special Markings: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_ Sex: M / F Is your pet spayed/neutered: \_\_\_\_\_

Previous Veterinarian, if any: \_\_\_\_\_

Current medications (including supplements, heartworm preventatives, flea/tick preventatives): \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues: \_\_\_\_\_

---

Pet's Name: \_\_\_\_\_ Species (dog, cat, rabbit, etc): \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Special Markings: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_ Sex: M / F Is your pet spayed/neutered: \_\_\_\_\_

Previous Veterinarian, if any: \_\_\_\_\_

Current medications (including supplements, heartworm preventatives, flea/tick preventatives): \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues: \_\_\_\_\_

- 
- 1) **PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared.  
 Yes. I authorize RHPCH to share my pet's photo & story.  No. I do not authorize this.
  - 2) **TREATMENT CONSENT:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal.
  - 3) **FINANCIAL CONSENT:** I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. We are happy to provide an estimate if necessary.
  - 4) **AUTHORIZATION OF RECORDS:** I hereby authorize RHPCH to release vaccination records to boarding/grooming facilities, or other veterinary clinics of my choice as well as at the veterinarian's discretion.

**Signature of Owner/Agent:** \_\_\_\_\_

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

(Must be 18 years of age or older to complete this form.)

**We accept Cash, Care Credit, Scratchpay, Visa, Mastercard, Discover & American Express.**