

WELCOME

to

Richfield Animal Medical Center

Date _____

Owner:

First name

Middle Initial

Last name

Home address:

Street

City

State

Zip

Phone numbers:

Home

Cell

Work and work phone

Email address

Driver's License #

Pharmacy used / phone #

Would you like to receive appointment reminders, newsletters, information by Email ? _____

Spouse / significant other:

Name

Phone numbers:

Home

Cell

Work and work phone

Emergency contact:

Name

Phone

How did you learn of our practice ?

Recommendation

Sign

Welcome Wagon

Yellow Pages

Other _____

If recommended, by whom, so that we may thank them properly:

Number of other pets at home:

None Dogs _____ Cats _____ Other _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my beloved pet.

I assume responsibility for all charges incurred in the care of this animal.

I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of owner: _____

Date _____