

RICHLAND ANIMAL CLINIC NEW CLIENT FORM

Thank you for giving Richland Animal Clinic the opportunity to care for your pet.

Owner: (last name) _____ (first name) _____

Spouse/Other: (last name) _____ (first name) _____

Street Address: _____ apt # _____ City/State/Zip: _____

Mailing Address (if different): _____

Phone: Primary: _____ Secondary: _____ Spouse Cell: _____

Primary Email: _____

How would you like to be reminded of future recommendations, vaccines, and other preventative health care services for your pets? (select all applicable) Email [] Phone [] Mail []

Previous Veterinarian/Clinic: _____

RAC has permission to request records from the above location YES _____ NO _____

How did you find us? _____

	Pet 1	Pet 2	Pet 3	Pet 4
Name	_____	_____	_____	_____
Species (i.e.: dog/cat)	_____	_____	_____	_____
Breed	_____	_____	_____	_____
Color	_____	_____	_____	_____
Sex	_____	_____	_____	_____
Spayed/Neutered	_____	_____	_____	_____
Approx. Age/D.O.B	_____	_____	_____	_____
Had vax in last year?	_____	_____	_____	_____
Where?	_____	_____	_____	_____

Please list any chronic health issues, medications, or allergies your pets have: _____

I authorize Richland Animal Clinic to examine, prescribe for or treat the above described pet(s). By signing this form, I understand that I am responsible for **all** charges incurred and that **all charges are due at time of service**. I also authorize Richland Animal Clinic to release pertinent medical information to other veterinary clinics if needed.

Please keep my CC on file: _____ Exp: _____

Signed: _____ Date: _____