



Riverbound Veterinary Clinic

At Riverbound Veterinary Clinic, we are committed to promoting quality care for pets and family.

New Client Information Form

Owner's Name: _____ Spouse/Partner: _____

Phone Number: _____ Spouse/Partner's Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact*: _____ Phone Number: _____

*this contact is someone to contact if you have an emergency, not your pet

How did you hear about us?

Referring Veterinarian Referred By Another Client (*whom may we thank?*): _____

Location/Sign Facebook Google/Internet Website Other: _____

Pet's Name	Species	Breed	Color	Male Female	Spayed Neutered	Birthday
	Dog Cat			M F	Yes No	
	Dog Cat			M F	Yes No	
	Dog Cat			M F	Yes No	
	Dog Cat			M F	Yes No	
	Dog Cat			M F	Yes No	

I give permission for photos and videos of my pet to be used in all forms of social media, including Facebook, Twitter, and YouTube.

YES NO

I hereby authorize Riverbound Veterinary Clinic to provide veterinary care to my pet(s) listed above. I understand that Riverbound Veterinary Clinic is not liable for any complications or unforeseen circumstances that may arise during or after treatment. I understand that all veterinary services are provided at my expense and that I am responsible for payment in full at the time of service.

We accept Care Credit, Visa, MasterCard, Discover, and American Express
As well as cash and personal checks.

Signature: _____ Date: _____

We reserve the right to charge a fee for appointments that are not canceled and/or rescheduled with a 24 hours notice.