



WOLF RIVER VETERINARY CLINIC

CLIENT INFORMATION SHEET

THANK YOU FOR GIVING US THE OPPORTUNITY TO HELP CARE FOR YOUR COMPANION.
PLEASE HELP US BECOME BETTER ACQUAINTED BY PROVIDING THE REQUIRED INFORMATION BELOW.

PRIMARY CONTACT

(The person we will contact first)

NAME: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Work Phone: _____

Employer: _____

MAY WE CONTACT YOU AT WORK FOR NON-EMERGENCIES?

YES NO

SECONDARY CONTACT

(The person we will contact second)

NAME: _____

Relationship to Primary Contact: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Employer: _____

IS THIS PERSON AUTHORIZED TO MAKE TREATMENT DECISIONS IF PRIMARY CONTACT IS UNAVAILABLE? YES NO

Which method would you prefer to receive appointment reminders ?

TEXT EMAIL PHONE CALL

HOW DID YOU BECOME AWARE OF OUR CLINIC?

Individual, whom may we thank? _____

Yellow Pages

Clinic Sign/Drive By

Facebook

Internet or Website

Humane Society

Other _____

SOCIAL MEDIA CONSENT:

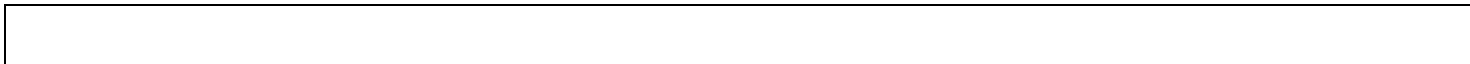
We are very proud of our patients and we like to show it! We use Facebook to stay connected to our clients and show off our amazing patients. If you are okay with us sharing your companion's photos and experiences here at the hospital, please initial your response below.

WE WILL NEVER SHARE YOUR PERSONAL INFORMATION & YOU HAVE THE RIGHT TO REVOKE THE APPROVAL AT ANY TIME

_____ Yes, I consent to allow WRVC to share my pet's photo and information on social media

_____ No, I would prefer not to have my pet's photos and information be shared on social media

Continued on back →





Your Pet's Information



PET #1

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

MALE FEMALE

SPAYED/NEUTERED YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM

AND FLEA PREVENTION) _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT FOOD DOES YOUR PET EAT?

PET #2

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

MALE FEMALE

SPAYED/NEUTERED YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM AND

FLEA PREVENTION) _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT DOES YOUR PET EAT?

ALL FEES ARE DUE AT THE TIME OF SERVICES ARE RENDERED

HOW WILL YOU BE MAKING YOUR PAYMENT TODAY?

CASH ___ VISA ___ MASTERCARD ___ DISCOVER ___ CARE CREDIT ___ CHECK ___

**** NOTE:** It is not mandatory to give us your driver's license number. However, without it, we are unable to take personal checks. A photocopy of your license will be made and kept on file.

ALL FEES ARE DUE AT TIME OF SERVICES RENDERED. Outstanding balances will be subject to a 1.5% monthly services charge (18 % APR). Any account requiring collection activity will also be subject to the cost of collection and the legal fees and the court cost. A return check fee of \$35 per return will be charged for any returned check. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this clinic to receive, prescribe, treat or perform surgery upon pet(s) listed. I am 18 years old and I agree to the terms and conditions and have provided the correct required information.

CLIENT'S SIGNATURE: _____

DATE: _____

   **Your Pet's Information**   

PET #3

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

MALE FEMALE

SPAYED/NEUTERED YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM AND FLEA PREVENTION) _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT FOOD DOES YOUR PET EAT?

PET #4

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

MALE FEMALE

SPAYED/NEUTERED YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM AND FLEA PREVENTION) _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT DOES YOUR PET EAT?

PET #5

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

MALE FEMALE

SPAYED/NEUTERED YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM AND FLEA PREVENTION) _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT FOOD DOES YOUR PET EAT?

PET #6

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

MALE FEMALE

SPAYED/NEUTERED YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM AND FLEA PREVENTION) _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT DOES YOUR PET EAT?
