



NEW CLIENT QUESTIONNAIRE AND HISTORY FORM

Name: _____ / _____
Last First Spouse

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

How do you prefer we contact you (phone, email, text)

_____ / _____
First Preference Second Preference

How did you hear about us? (Friend, Drive by, Mailer, Online): _____

If referred by a friend, please let us know who to thank: _____

Previous Veterinarian and Phone: _____

Pet's name: _____ Species (circle): Dog/Cat Color: _____

Age: _____ Breed: _____ Sex: Male/Female Spayed/Neutered: Yes/No

Previous Medical History/Concerns: _____

Pet's name: _____ Species (circle): Dog/Cat Color: _____

Age: _____ Breed: _____ Sex: Male/Female Spayed/Neutered: Yes/No

Previous Medical History/Concerns: _____

I understand that **FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED** and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED PET. All unpaid balances are subject to a 1.5% per month interest charge. Returned checks are subject to the incurred returned check fee. In the event legal action is required to recover an unpaid balance I agree to pay all interest, court costs and attorney's fees. I authorize the release of my pets' medical records to Riverview Animal Hospital and hereinafter waive the written release requirement pursuant to KRS 321.185(3)(b)(1).

Signature: _____ Date: _____