

**New Client Form**

**Client Information:**

First Name: Last Name:

Address: City:

State: Zip: County:

Phone Number: Secondary Phone:

Email:

Emergency Contact: Name: Phone Number:

**Patient Information:**

Patient Name: Estimated Age:

Sex: ❑Male ❑ Female Is your pet spayed or neutered?: ❑ Yes ❑ No ❑ Not Sure

Species: Breed: Color:

Does your pet have any known allergies?

What is the reason for your visit today?

How did you hear about us?

**Informed Consent:**

I certify that I am 18 years of age or older and am legally financially responsible for the treatment my pet receives at Riverstone Animal Hospital. I will assume responsibility for all charges incurred while my pet is in the care of this facility. I understand that full payment is required at the time of services rendered, and that a deposit may be required in the case of boarding or hospitalization. I also understand that if my bill is not paid at the time of service, I my account will accrue service fees and/or interest until the amount is paid in full. I agree to pay any and all fees associated with late payment.

Signature: Date: