

Client & Pet Registration

Welcome to our clinic and thank you for choosing Ravenwood Veterinary Clinic for your pet's care. Please complete the following information about you and your pet(s) accurately. Your pet's medical records are confidential and just as important as yours. Thank you!

About You...

Client Name: _____ Spouse Name: _____

Street Address: _____ Apt./Unit#: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Spouse Phone: (_____) _____ Driver License #: _____

Employer Name: _____ Work Phone: _____

Preferred Method of Contact: (Please circle one) Home / Cell / Work

Preferred Method of Contact for Reminders: (Please circle one) Call / E-Mail / Text / Mail

How were you referred to our office? Website Client _____ Other

About Your Pet(s):

Name: _____ Sex: Male Neutered Male Female Spayed Female

Age / Date of Birth: _____ Species: Cat Dog Other _____

Breed: _____ Color: _____

Date of Last Vaccines: _____ Location of Last Vaccines: _____

Name: _____ Sex: Male Neutered Male Female Spayed Female

Age / Date of Birth: _____ Species: Cat Dog Other _____

Breed: _____ Color: _____

Date of Last Vaccines: _____ Location of Last Vaccines: _____

Name: _____ Sex: Male Neutered Male Female Spayed Female

Age / Date of Birth: _____ Species: Cat Dog Other _____

Breed: _____ Color: _____

Date of Last Vaccines: _____ Location of Last Vaccines: _____

There will be a \$25.00 Fee for Appointments Not Cancelled within 24 hours and No-Show Appointments

*Client Initials: _____

Payment Policy...

Our Office Does Not Offer Billing. Payment is Due on the Day of Service. We will gladly prepare a written estimate, if your desire. Please ask our doctor during your appointment. Occasionally, a deposit may be required for certain procedures. We accept the following forms of payment: Cash, Personal Check, Credit/Debit., including Care Credit, Visa, MasterCard, Discover, & American Express.

**Please note that when writing a personal check, a copy of a valid driver's license will be needed for processing. There is a \$27.00 fee for a returned check in addition to the fees your bank may charge.*

*Client Initials: _____

Inpatient Information

To help prevent the spread of infectious disease, it is recommended that all hospitalized patients are current on all vaccines. Please provide proof that your pet is currently up to date.

*Client Initials: _____

Treatment/Payment Authorization

I understand every effort will be made to achieve a successful outcome and provisions will be made for safe in-hospital care and handling. I certify that I am 18 years of age or older and assume responsibility for all charges incurred. I understand that charges are due at the time of services are completed, unless prior arrangements have been made. I agree that should my account become delinquent, I will be responsible for all collection costs, including but not limited to the outstanding balance, interest, attorney fees, court costs, and collection agency fees.

I hereby authorize Ravenwood Veterinary Clinic to treat my pet(s) and furthermore understand that unforeseeable adverse reactions to treatments are always possible and authorize treatment necessary should any reactions occur.

*Signature of Owner or Authorized Caretaker:

Date:

Social Media Release

I grant permission for Ravenwood Veterinary Clinic to use photo's for the purpose of social media post (Facebook, Twitter, Youtube, & other sites)

_____ Use the image only _____ Use the image & first name of pet

*Signature of Owner or Authorized Caretaker: