



River Road Animal Hospital Inc.
8593 River Road SE
Southport, NC 28461

CLIENT REGISTRATION

phone: 910.454.8910
fax: 910.454.8912

ANIMAL HOSPITAL

Do Something Important for Your Pet

www.rrvet.com
info@rrvet.com

Please take a few moments to fill out this form as completely as possible – please print all entries.

Registered by:

Client Name: (Last, First, Middle Initial) <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Preferred Contact Method(s): <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> E-mail <input type="checkbox"/> Text
Mailing Address: street city state zip	Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Alternate Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Other Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Employer: Employer Address: street city state zip	E-Mail: Emergency Contact Name and Number: Spouse's / Co-owner's Work Phone: Spouse's / Co-owner's Cell Phone:
Spouse's / Co-owner's Name: Spouse/s / Co-owner's Employer: city state zip	How did you hear about River Road Animal Hospital? <input type="checkbox"/> Is there someone we may thank? (individual)
Privacy Protection Assured: Please provide the following information in order to prevent un-authorized individuals from putting charges on your account: Driver's License: state number Social Security Number: _____ - _____ - _____	<input type="checkbox"/> Saw the hospital <input type="checkbox"/> Website <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Online Review <input type="checkbox"/> Newspaper Article or Other Advertisement <input type="checkbox"/> Other:

(Office Use Only) Client ID Number:

Pet #1	Pet #2
Pet's Name:	Pet's Name:
Date of Birth or Age: (estimate if unknown)	Date of Birth or Age: (estimate if unknown)
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:
Breed:	Breed:
Sex: <input type="checkbox"/> Male (neutered? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown) <input type="checkbox"/> Female (spayed? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown)	Sex: <input type="checkbox"/> Male (neutered? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown) <input type="checkbox"/> Female (spayed? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown)
Color / Markings:	Color / Markings:
Vaccinations were last given by (clinic, city, state): Date:	Vaccinations were last given by (clinic, city, state): Date:
Allergies or Long-term Medical Problems:	Allergies or Long-term Medical Problems:

Owner/Representative Authorization: I hereby authorize River Road Animal Hospital to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that all charges and professional fees will be paid at the time services are rendered and a deposit may be required for extensive procedures and/or treatments. Any unpaid balances are subject to an 18% APR (annual percentage rate) service fee charged at 1.5% per month. I also authorize River Road Animal Hospital to use any images of my pet(s) (without divulging any personal information) for marketing and informative purposes (website, facebook, etc.)	
Owner's Signature: _____ date: _____	Spouse's / Co-owner's / Authorized Representative's Signature: _____ date: _____