

RICHLAND ANIMAL CLINIC

New Client Form

Thank you for giving Richland Animal Clinic the opportunity to care for your pet.

Owner: (first name) _____ (last name) _____

Spouse/Other: (first name) _____ (last name) _____

Street Address: _____ apt # _____ City/State/Zip: _____

Mailing Address (if different): _____

Primary Phone: _____ Secondary Phone: _____

Primary Email: _____

How did you find us? Google Yelp Facebook Next Door Drove By/Sign
Client Referral: _____ Other: _____

Previous Veterinarian/Clinic: _____

RAC has my permission to request records from the previous veterinary clinic: YES _____ NO _____

May we post photos of you and/or your pet on our social media? Me: _____ My Pet: _____

	Pet 1	Pet 2	Pet 3	Pet 4	Health issues/Meds/allergies
Name	_____	_____	_____	_____	_____
Species (i.e.: dog/cat)	_____	_____	_____	_____	_____
Breed	_____	_____	_____	_____	_____
Color	_____	_____	_____	_____	_____
Sex	_____	_____	_____	_____	_____
Spayed/Neutered	_____	_____	_____	_____	_____
Approx. Age/D.O.B	_____	_____	_____	_____	_____
Had vax in last year?	_____	_____	_____	_____	_____
Where?	_____	_____	_____	_____	_____

Communicate with us, request appointments, refills, home delivery, and view your pet's vaccinations through our app PETPAGE. Download and sign up today!

By signing this form I authorize Richland Animal Clinic to examine, prescribe for, or treat the above described pet(s) and any future pet(s) I bring to Richland Animal Clinic for veterinary services. I understand that I am responsible for **all** charges incurred for services provided for my pet(s) and that these **charges are due at time of service**. I acknowledge my right to request an estimate prior to any services rendered.

I authorize Richland Animal Clinic to release pertinent medical information to other veterinary clinics, boarding facilities, or grooming facilities as needed.

Signed: _____ Date: _____