



River City
VETERINARY
HOSPITAL

New Client Intake Form

Welcome to River City Veterinary Hospital, and thank you for giving us the opportunity to care for your pets. Our mission is to help animals (and the people who love them) by providing excellent care in a respectful, compassionate culture. We look forward to partnering with you to keep your 4-legged family members happy and healthy!

Primary Contact:

First Name:	Last Name:
Home Phone:	Mobile Phone:
Street Address:	
Email:	
Would you like to receive reminders at this email address? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Secondary Contact:

First Name:	Last Name:
Home Phone:	Mobile Phone:
Email:	
Relationship to Primary Contact?:	
Would you like to receive reminders at this email address? <input type="checkbox"/> YES <input type="checkbox"/> NO	

If you have been referred to us by an existing River City client, please let us know who to thank:

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**DON'T FORGET! When you refer your friends and family to River City Veterinary Hospital, they will receive a complimentary first exam, and you will get a \$25 account credit!*

I understand that all fees are due upon rendering of services

I understand that if I am unable to make my scheduled appointment for any reason, I am required to give at least 3 hours notice to avoid a \$25 cancellation fee. This includes rescheduling and no-showing.

Client Signature:	Date:
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