



Welcome!

Owner: _____

Co-Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____

Work: _____

Mobile: _____

Driver's License #: _____ St _____

Expiration (Mo/Yr) _____

Email Address: _____

(E-mail address will be used for occasional newsletters
Or reminders; it will not be sold or shared)

Are you the owner of the pet? ☐ Yes ☐ No

If not, who is? _____

How did you hear about us?

☐ Yellow Pages ☐ Drive by

☐ Friend/Family; who can we thank? _____

☐ Other _____

Name of Pet: _____

Species: ☐ Canine ☐ Feline ☐ Other

Breed: _____ Color: _____

Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed

DOB or Approximate Age: _____

Is your pet microchipped?

☐ Yes, # _____ ☐ No

Date of last vaccinations:

Canine Distemper/Parvo: _____

Rabies: _____

Bordetella: _____

Feline CVR: _____

Other: _____

Previous Vet: _____

Authorization

I hereby authorize the veterinarians at River Road Pet Clinic to examine and prescribe for the above-described pet(s). I agree to assume responsibility for all charges incurred in the care of this animal. I understand that all of the charges incurred in the treatment of my pet will be paid for at the time of discharge. We do not bill. We accept Cash, Check (with Drivers License), Visa, Master Card, Discover, Care Credit or Debit Card. In the event my pet has an outstanding balance, I give my permission to charge the balance to my credit card or debit card. I also understand that an estimate of the fees for veterinary services will be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered, and during my pet's ongoing medical treatment. A deposit may be required prior to any medical, surgical, or boarding care being provided. River Road Pet Clinic participates with Pima County Attorney's Bad Check Program; consequently we may ask for your Drivers License number. Please be advised that any balance not paid within 30 days is subject to billing fees.

I have read and understand the above information.

Signature of Owner _____

Date: _____

Social Media Disclosure

By signing this waiver I give **River Road Pet Clinic** the right to use my testimonial (or photo) provided for reproduction in any medium including but not limited to; website, video, broadcast, print, and electronic means for purposes of advertising, trade, display, exhibition or editorial use. Further, you(i) also agree to release **River Road Pet Clinic** from all claims for libel, slander, invasion of privacy, infringement of copyright or right of publicity or any other claim and (ii) confirm that you are over the age of 18 years old.

Signature: _____

Date: _____