

**Riverwalk Animal Hospital  
Client Welcome Form**

\_\_\_\_\_  
Name Spouse/Significant Other

\_\_\_\_\_  
Street City, State, Zip

\_\_\_\_\_  
Home Phone Work Phone Cell/Other

\_\_\_\_\_  
Email Address Employer

Patient 1:

\_\_\_\_\_  
Patient Name Dog/Cat Age Birth date

\_\_\_\_\_  
Sex Spayed/Neutered? Breed Color/markings

\_\_\_\_\_  
Previous or Current veterinarian Allergies/Medical conditions Microchip/Tattoo ID

\_\_\_\_\_  
Date of last heartworm/leukemia test Date of last vaccines Diet Declawed?

\_\_\_\_\_  
Medications Indoor/Outdoor Pet Is your pet exposed to other animals?

\_\_\_\_\_  
**Driver's license number and State**

Whom may we thank for referring you? \_\_\_\_\_

How did you find out about us? (Yellow pages, road sign, advertisement, radio, etc.) \_\_\_\_\_

\_\_\_\_\_  
**Payment policy:** I understand that all fees and charges are due and payable upon release of patient. Acceptable payment options are cash, check, MasterCard, Visa, Discover, and American Express. I give the doctor full permission to administer any necessary treatments, including sedation or anesthesia if necessary.

Signature of owner \_\_\_\_\_ Today's Date \_\_\_\_\_