



Owner's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Main Phone Number: (____) _____ Alternate Number: (____) _____

Email: _____

Co-Owner / Other Responsible Party / Authorized Representatives:

Emergency Contact & Number: _____

How did you learn about our hospital? ☐ internet ☐ sign ☐ other _____

If recommended, by whom? _____

Number of Pets (please specify type):

Pet Information & Health History

Pet's Name _____ Date of Birth: _____ Dog/Cat: _____

Breed: _____ Colour: _____ Sex: ☐ M ☐ F Spayed/Neutered:
☐ Y ☐ N

Previous veterinarian clinic: _____

Current medications your pet is taking, if any: _____

Primary reason for visit: _____

Authorization

I hereby authorize the veterinarian(s) to examine, prescribe, and treat, the above pet(s). I, the signed person(s) above assume responsibility and commit to all charges on items and services provided incurred and understand that all professional fees are due at the time of services rendered. I understand that if charges are not paid in full, River Grove Animal has the right to use the above information I have provided to a collection agency of their choosing. River Grove Animal Hospital reserves the right to terminate all further services under due circumstances without prior warning. There is zero tolerance for verbal, written profanity and discrimination against veterinarians, staff, and any affiliates of River Grove Animal Hospital.

Signature of responsible party _____ Date: _____