



WOLF RIVER VETERINARY CLINIC

CLIENT INFORMATION SHEET

THANK YOU FOR GIVING US THE OPPORTUNITY TO HELP CARE FOR YOUR COMPANION.
PLEASE COMPLETE THE REQUIRED INFORMATION (FRONT & BACK)

PRIMARY CONTACT

NAME: _____

Mobile Phone: _____

Other Phone: _____

Email: _____

Address: _____

City: _____

State: _____ Zip: _____

Work Phone: _____

Employer: _____

MAY WE CONTACT YOU AT WORK FOR NON-EMERGENCIES?

YES

NO

SECONDARY CONTACT

NAME: _____

Relationship to Primary Contact: _____

Mobile Phone: _____

Other Phone: _____

Email: _____

Work Phone: _____

Employer: _____

IS THIS PERSON AUTHORIZED TO MAKE TREATMENT DECISIONS IF
PRIMARY CONTACT IS UNAVAILABLE? YES NO

How would you like to receive Appointment Reminders?

TEXT

EMAIL

PHONE CALL

HOW DID YOU BECOME AWARE OF OUR CLINIC?

Friend / Family: _____

Internet or Website

Clinic Sign / Drive By

Staff Member

Facebook

Humane Society

Other _____

SOCIAL MEDIA CONSENT:

We use Facebook to stay connected to our clients and show off our amazing patients! If you're okay with us sharing your companion's photos and experiences here at the hospital, PLEASE INITIAL YOUR RESPONSE BELOW.

WE WILL NEVER SHARE YOUR PERSONAL INFORMATION, YOU HAVE THE RIGHT TO REVOKE APPROVAL AT ANY TIME

Yes, I consent to allow WRVC to share my pet's photo and information on social media

No, I would prefer not to have my pet's photos and information be shared on social media

Continued on back →

   **Your Pet's Information**   

PET #1

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

FEMALE MALE

SPAYED/NEUTERED: YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM & FLEA PREVENTION): _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT FOOD TYPE/BRAND DOES YOUR PET EAT?

PET #2

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

FEMALE MALE

SPAYED/NEUTERED: YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM & FLEA PREVENTION): _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT FOOD TYPE/BRAND DOES YOUR PET EAT?

FULL PAYMENT IS DUE AT THE TIME OF SERVICE

WE ACCEPT:

CASH ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER ___ CARE CREDIT ___ CHECK ___

FULL PAYMENT DUE AT THE TIME OF SERVICE: Outstanding balances will be subject to a 1.5% monthly services charge (18% APR). Any account requiring collection activity will also be subject to the cost of collection, legal fees and court costs. A return check fee of \$35 will be charged for non sufficient funds. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this clinic to receive, prescribe, treat or perform surgery upon pet(s) listed. I am 18 years of age or older and agree to the terms and conditions and have provided the correct required information. New clients, cash or credit card only.

CLIENT SIGNATURE: _____ **DATE:** _____

   **Your Pet's Information**   

PET #3

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

FEMALE MALE

SPAYED/NEUTERED: YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM & FLEA PREVENTION): _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT FOOD TYPE/BRAND DOES YOUR PET EAT?

PET #4

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

FEMALE MALE

SPAYED/NEUTERED: YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM & FLEA PREVENTION): _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT FOOD TYPE/BRAND DOES YOUR PET EAT?

PET #5

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

FEMALE MALE

SPAYED/NEUTERED: YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM & FLEA PREVENTION): _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT FOOD TYPE/BRAND DOES YOUR PET EAT?

PET #6

NAME: _____

BREED: _____

COLOR: _____

AGE/DATE OF BIRTH: _____

FEMALE MALE

SPAYED/NEUTERED: YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM & FLEA PREVENTION): _____

DOES YOUR PET HAVE A MICROCHIP?

NO YES # _____

WHAT FOOD TYPE/BRAND DOES YOUR PET EAT?
