



RIVERSIDE VETERINARY HOSPITAL

3750 Scottsville Road, Scottsville, NY 14546 (585) 889-8340

New Client Form

Owner _____ Dr. Mr. Mrs. Ms.

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____

Co-Owner _____ Dr. Mr. Mrs. Ms.

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____

Address: _____ City: _____ State: _____ Zip: _____

I, the undersigned, certify that the facts contained in this form are true and complete to the best of my knowledge. I understand that I assume financial responsibility for all services rendered and that full payment is due when services are rendered. In the event payment is not received and my account is placed for collection, I agree to pay in addition to the amount due, all fees incurred, including attorney's fees.

Signature: _____ Date: _____

Witness: _____ Date: _____

All fees are due at the time of services rendered.

How did you become aware of our hospital: Internet Facebook Other Social media _____

Advertisement Radio This hospital's website Community event Other _____

Personal Recommendation: Name _____

Patient Information

Patient name _____ Species: Dog Cat Other _____

Breed _____ Color: _____ Birth date: _____

(Please estimate if unsure)

Sex: Male Female Male Neutered Female spayed

Date of last known vaccines and/or tests:

Dog – Distemper/parvo _____ Rabies _____ Kennel cough _____ Leptospirosis _____

Lymes _____ CIV _____ Heartworm Test _____ Fecal test _____

Cat – Distemper (FVRCP) _____ Rabies _____ Leukemia _____

FIV/Leukemia Test _____ Fecal Test _____ Heartworm Test _____

Is your pet on: Please check all that apply. Heartworm prevention Flea prevention Tick Prevention Parasite prevention

Has your pet been to a veterinarian before? Yes No If yes, where? _____

**For additional pets, please fill Patient Registration form