Four Rivers Veterinary Clinic

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We appreciate the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please fill out this form completely. Thank you!

Owner Information

Owner's Name_____Soc. Security #_____
Spouse's Name (Co-Owner)_____Soc. Security #_____
Address_____
City_____State_____Zip_____
Home Phone #_____Cell Phone #_____
Name of Employer_____Work Phone #_____
Spouse's Employer_____Work Phone #_____
Emergency Contact_____Phone / Cell #_____
How did you hear about us and to whom may we thank?_____
Email Address_____

Pet Information

Pet's Name_____Date of Birth_____☐ Dog ☐ Cat ☐ Other_____
Breed_____Color_____Pet's diet_____
Male_____ Neutered_____ Female_____Spayed_____
Date last Vaccination given_____
Previous Veterinarian (if applicable)_____
Pet's Current eating Habits_____
Pet's Current Medications_____

Consent for treatment/Examination: I am 18 years of age or older and authorize the Veterinarians and staff of Four Rivers Veterinary Clinic to examine my pet and administer treament as is considered necessary for my pets condition.

I agree to pay for all services rendered on behalf of my pet at the time services are performed. We accept Cash, Checks, Visa*TM*, Mastercard*TM*, Discover*TM* and CareCredit*TM* for payment. If price is an issue please discuss this with a staff member prior to treatment.

I also understand that for extensive procedures an initial payment of one-half the estimated charges may be required before my pet is admitted. Estimates for services will be prepared upon request at the time of examination of pet. I understand that Four Rivers Veterinary Clinic may refuse to provide services for any reason.

Signature of Responsible Party (must be 18 year of age):_____Date:_____