

New Client Form



Owner Name: _____

Email: _____

Primary Number: _____ Secondary Number: _____

Address: _____

City: _____ State: _____ Zipcode: _____

How did you hear about us?: _____

Co Owner Name: _____

Co Owner Number: _____

Pet Name: _____ Dog / Cat / Ferret / Rabbit

Date of Birth: _____ Age: _____ Breed: _____

Color: _____ Male / Neutered Male / Female / Spayed Female

List names of other pets: _____

Who was your previous veterinary clinic? _____

Photo Consent Yes No

We love to take photos of our patients for educational purposes, marketing, social media, our website and medical charting reasons. No personal information will be used without your permission. Do you consent to allowing us to take and/or use photos of your pet for the above described purposes?

May we release your records to any third party? Yes No, I wish to be contacted first

NOTE: A third party may be a groomer, boarding facility, rescues, other animal hospitals/referral centers, etc.

Consent and Acknowledgement

I hereby authorize Ridgemont Animal Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit is required before diagnostics and treatments can be initiated and that payment in full is required prior to discharge of patient from Ridgemont Animal Hospital.

Signature

Date