

**Welcome to~
Ridgway Animal Hospital**

Client Information

Mrs. ___ Mr. ___ Ms. ___ Dr. ___
First Name _____ MI ___ Last Name _____
Spouse/Other Name _____
Mailing Address _____
Physical Address _____
City _____ State _____ Zip _____
Home (____) _____ Work (____) _____ Cell (____) _____
Email Address _____ (Please print clearly!)
Emergency Contact _____
Employer _____ Phone(____) _____

Pet Information

Name _____ Age/DOB _____ Species _____
Breed _____ Color _____ Sex _____ Spayed/Neutered Y N
Allergies _____
History of reactions to vaccines or medications _____
List any major surgeries _____
Diet and treats _____

How Did You Hear About Us?

Website ___ Phone book ___ Newspaper ___ Hospital Sign ___ Personal Recommendation ___
(Who may we thank?) _____
Other _____

Method of Payment Today

Payment is required at the time of service. For your convenience, we accept Visa, Mastercard, American Express, Discover, Cash and Checks with a valid driver's license. There will be a \$25 fee for any check returned to us for non-payment of funds.

Please Check One: Cash ___ Check ___ Debit/Credit ___

How Much Information Do You Want To Be Given About Your Pet's Health?

- ___ I want a full explanation-anything and everything.
- ___ I want a brief explanation-just the important stuff.
- ___ I just want to know if there's anything I need to do-keep it simple.

Consent

You will be presented with a plan and estimate of cost at your request after a tentative diagnosis. The details of treatment and the risks will be presented on an informed consent should your pet need to be admitted and/or anesthetized. You will also be explained the risks for not treating.