Welcome to Richmond Veterinary Hospital

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill this form out completely. Thank you!

REGISTRATION

Owner: _____ **Date:** _____
Address: _____ **SSN:** _____

_____
Significant Other: _____ **E-Mail:** _____
Phone: _____ **Cell Phone:** _____ **Other Phone:** _____
Emergency Contact Name: _____ **Phone** _____

How did you learn about our clinic? ☐ Sign Outside ☐ Yellow Pages ☐ Facebook ☐ Recommendation ☐ Website ☐ News Paper ☐ Other: _____

If recommended, by whom? _____

Number of Pets **Dogs:** _____ **Cats:** _____ **Other (Specify):** _____
Reason for Visit: _____

PET HEALTH HISTORY

Name of Pet: _____ ☐ Dog ☐ Cat ☐ Other: _____
Breed: _____ **Color:** _____ **Birthdate:** _____
☐ Undetermined ☐ Male ☐ Neutered ☐ Female ☐ Spayed
Vaccination History (date and type of last vaccinations): _____

_____
_____
_____

Please check (✔) any symptoms or problems that you have noticed about your pet:

☐ Behavioral Problems	☐ Lack of Appetite	☐ Sneezing
☐ Bleeding Gums	☐ Limping	☐ Thirst and or Urination Increased
☐ Breathing Problems	☐ Loss of Balance	☐ Vomiting
☐ Coughing	☐ Scooting	☐ Weakness
☐ Diarrhea	☐ Scratching	☐ Other: _____
☐ Eye Bulging or Bloodshot	☐ Seems Depressed	☐
☐ Gagging	☐ Shaking Head	☐

Pet's current medications: _____
Describe your pet's diet: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I understand that all outstanding balances are subject to ongoing finance and billing fees/charges until balance is paid in full.

Signature of Owner: _____ **Date:** _____
Method of Payment: ☐ Cash ☐ Mastercard ☐ Visa ☐ Other: _____