

Richmond Veterinary Hospital

10335 Gratiot Ave
Columbus, MI 48063
: (586)727-9018

Client Information Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Name:	Alternate Contact:	
Address:	City:	Zip:
Cell Phone:	Home Phone:	
Work Phone:	Alt. Phone:	
Best time to call:	Place of employment:	
EMAIL:		

Pet Name:	Breed:	Date of Birth:
Pet Name:	Breed:	Date of Birth:
Pet Name:	Breed:	Date of Birth:

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED-Please ask if an estimate is needed. *No payment plans, but CareCredit accepted-apply today at CareCredit.com

Any allergies to vaccines or medications? _____
Any previous serious illness or surgery? _____
Pet's special diet or medications? _____
Previous Veterinary Hospital Name: _____

How did you become aware of our hospital?
 Drove By Online Personal Referral : _____

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I assume full responsibility for all charges incurred for the care of these animals and am responsible for asking for an estimate if needed prior to approving treatment. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical or emergency treatment. I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____
Revised: ____/____/____/____/____