

VETERINARY CARE CENTER OF RICHMOND

New Client Form

Thank you for giving us the opportunity to care for your pet! So that we can offer your pet the best care possible, please complete the following.

Pet Parent Information			
Name:	Additional Contact:		
Address:	City:	State:	Zip:
Cell #:	Emergency Contact #:		
Email Address:	Driver's License #:		
Who may we thank for referring you?			
Does anyone in your family have a peanut/life threatening allergy?		Yes	No Type:

Pet Information					
Species: (Circle One)	Dog	Cat	Avian	Reptile	Small Mammal
Pet's Name:	Breed:	Color:		Age:	
Gender: (Circle One)	Male	Female	Fixed? (Circle One)	Spayed	Neutered
Previous Veterinarian:			May we contact them?	Yes	No

Important Health Details
What diet do you feed your pet?
What heartworm prevention does your pet take?
What flea/tick prevention does your pet take?
Does your pet have any chronic conditions?
List any medications your pet is currently taking:

Home & Lifestyle										
Please circle the answer that best fits you and your pet's lifestyle:										
	1 = This describes us 100%					10 = This is not us!				
My pet sleeps in bed with me:	1	2	3	4	5	6	7	8	9	10
My pet gets 30 minutes of daily exercise:	1	2	3	4	5	6	7	8	9	10
My pet attends daycare or daycamp:	1	2	3	4	5	6	7	8	9	10
My pet gets groomed frequently:	1	2	3	4	5	6	7	8	9	10
My pet is very social with all types of people:	1	2	3	4	5	6	7	8	9	10
My pet could use some help with behavior/training:	1	2	3	4	5	6	7	8	9	10
What areas of training does your pet require:										

Let's talk about what you are interested in!			Circle the icon that best fits your interest level								
Y	I'd love to learn more about this!		M	I might be interested in this information			N	I'm not interested in this			
Heartworm Prevention	Y	M	N	Flea Prevention	Y	M	N	Healthy Diet	Y	M	N
Holistic Supplements	Y	M	N	Probiotics	Y	M	N	Allergies / Itchy Skin	Y	M	N
Daycare / Daycamp	Y	M	N	Grooming	Y	M	N	Training	Y	M	N

Pet Parent Authorization
I am 18 years of age or older, the owner or agent of the above-described pet(s) and have the authority to execute this consent form. I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in 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/medical treatment. A finance charge of 2.0% will be added to any account more than 30 days past due. A fee of \$35.00 will be applied to your account for any returned checks. If we are required to submit your account to a collection agency, a \$25.00 fee will be applied.

Pet Parent Signature: _____ Date: _____ / _____ / _____