



WELCOME TO LITTLE RIVER VETERINARY CLINIC

Name of Owner _____ Owner #2 _____

Street address _____

City _____ State _____ Zip Code _____

1st Preferred Contact # _____ (Please indicate cell/home/work)

2nd Preferred Contact # _____ (Please indicate cell/home/work)

3rd Preferred Contact # _____ (Please indicate cell/home/work)

EMAIL ADDRESS: _____

Please make sure your contact info is based on the **best** phone number and **email** address in order for our doctor(s) to be able to contact you with information regarding your pet in a timely manner.

In case of an emergency:

(Name) _____ (Phone) _____

Relationship to Owner: _____

How did you become aware of our hospital?

Drove by _____ Google _____ LRVC Website _____ Paper Book Ad _____

Personal Recommendation by: _____

PET INFORMATION

Name:	Breed:
Sex:	DOB:
Color/Markings:	Spayed/Neutered
What type of heartworm preventative are you using and when did you give it last?	
Any reactions to vaccines in the past? Any known allergies?	
Any health conditions we need to be made aware of?	
List all medications your pet is currently taking. Please bring them with you for your first visit.	
When and where was your pets' last visit to the veterinarian?	

Payment policy: **All fees are due when services are rendered**, and must be paid in FULL before an animal can be released from the hospital. We accept VISA, MasterCard, AMEX, Discover and Care Credit.

We do not accept personal or third party checks of any kind.

Signature of owner or authorized agent _____ Date _____