



# All Paws Riverside Animal Hospital New Client/Patient Form

Welcome to All Paws Riverside! So that we may become better acquainted, please complete the following:

### Client Information:

Owner 1: \_\_\_\_\_  
First Last M.I.

Owner 2: \_\_\_\_\_  
First Last M.I.

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

May we obtain previous medical records from your past veterinarian? Yes \_\_\_\_ No \_\_\_\_

How did you hear about us? \_\_\_\_\_

### Patient Information:

Species	Name	DOB	Gender	Spayed/ Neutered	Breed	Color
<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Payment Policy:** FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES. Alternative payment plans must be discussed prior to the start of treatment. Deposits are required on major/surgical cases, trauma cases, and emergency work where hospitalization is required.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date