



**WELCOME!**

**Risinger Veterinary Hospital  
New Client Information**

**Client Information:**

Primary Account Holder Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell phone \_\_\_\_\_ Spouse cell phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Driver License Number \_\_\_\_\_

I release Risinger Veterinary Hospital to use photos of my pet on social media.  Yes  No

Vehicle description and license plate number \_\_\_\_\_

**Payment Policy**

Risinger Veterinary Hospital requires payment in full at the time of discharge. Although we do not provide payment plans, we do offer Care Credit. (Please inquire with a receptionist for more information) We also accept Visa, Mastercard, American Express, Discover, Apple Pay, and personal checks (with a copy of current Driver's License). Cases that require hospital stay will require a deposit of 50 % of the provided estimate at the time of hospitalization. **\$100 deposit is required for all new clients prior to services.** The deposit will be applied to today's bill.

I assume the responsibility for all charges incurred from the treatment of my pet. This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered, including reasonable attorney's fees and costs of collection in the event of default.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pet(s) Information:**

Pet's Name \_\_\_\_\_  Male  Neutered  Female  Spayed  
Reason for Visit: \_\_\_\_\_  
Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Pet's Name \_\_\_\_\_  Male  Neutered  Female  Spayed  
Reason for Visit: \_\_\_\_\_  
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