



River Falls Veterinary Hospital  
1055 E. Cascade Avenue  
River Falls, WI 54022  
715-425-9550

### **NEW CLIENT/PATIENT INFORMATION**

(Your) Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail Address (opt) \_\_\_\_\_

Significant Other Name \_\_\_\_\_ Phone \_\_\_\_\_

1.) Pet Name \_\_\_\_\_ DOB \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Gender (circle)    M / F    Spayed/Neutered?    Yes / No

2.) Pet Name \_\_\_\_\_ DOB \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Gender (circle)    M / F    Spayed/Neutered?    Yes / No

Method of Payment (circle all that apply)    Cash    Check    VISA    MasterCard    Discover

**I understand payment is required at the time of service.**

**Signature** \_\_\_\_\_

We look forward to helping you keep your pets healthy. If you have questions or comments please feel free to call us!

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### **HOSPITAL POLICY**

1. PAYMENT IS REQUIRED AT THE TIME OF SERVICE.
2. PLEASE CALL FOR AN APPOINTMENT AND NOTIFY US IN ADVANCE IF YOU NEED TO CANCEL OR RESCHEDULE.
3. ALL PETS MUST BE ON A LEASH OR KENNELED AT ALL TIMES.

**THANK YOU! WE APPRECIATE YOUR PATRONAGE.**