



# Ridglea West Animal Hospital

## PATIENT AND CLIENT INFORMATION

Thank you for giving Ridglea West Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following information.

Mr./Mrs./Ms./Dr.

OWNER(S) \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PRIMARY PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

PRIMARY EMAIL \_\_\_\_\_ SECONDARY \_\_\_\_\_

Any additional names and contact information: \_\_\_\_\_

HOW DID YOU BECOME AWARE OF OUR HOSPITAL (Select all applicable)

Hospital Sign \_\_\_\_\_ Internet (site name) \_\_\_\_\_ Pet Store (store name) \_\_\_\_\_

Shelter (name) \_\_\_\_\_ Veterinarian Referral (name) \_\_\_\_\_

Personal recommendation-whom may we thank? \_\_\_\_\_

Other (please specify) \_\_\_\_\_

To serve you better, please let us know:

What is most important to you in veterinary care? \_\_\_\_\_

\_\_\_\_\_

What is an experience you had to indicate you received excellent veterinary care? \_\_\_\_\_

\_\_\_\_\_

Were you ever disappointed with another veterinarian? What was the cause? \_\_\_\_\_

\_\_\_\_\_

Pet's name: \_\_\_\_\_ Sex: M F N S Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

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Pet's name: \_\_\_\_\_ Sex: M F N S Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Would you like us to transfer records from another veterinarian: \_\_\_\_\_

Name and phone number

Please circle the products that you would like more information about:

BOARDING    BATHING    PROFESSIONAL GROOMING    FLEA CONTROL    PREVENTATIVE DENTISTRY  
DIET OPTIONS    HOSPITAL TOUR    PET TRAINING    OTHER \_\_\_\_\_

SPECIFY

**I authorize Ridglea West Animal Hospital to receive, prescribe for, treat and/or perform surgery on my pets I present to this pet hospital.**

I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous nighttime presence of qualified personal may not be provided.

**By neglecting to pick up my pet within 5 days of the discharge date and not notifying Ridglea West Animal Hospital** during that time period, the hospital may assume that your pet is abandoned and are authorized to relocate my pet as deemed best and/or necessary.

X

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SIGNATURE

DATE

**Payment is due when services are rendered.** For your convenience we accept cash, check, debit cards, Discover, VISA, American Express, MasterCard, and Care Credit. A service charge is applied to all returned checks.

**GUARANTEE OF PAYMENT:**

FOR VALUE RECEIVED, THE UNDERSIGNED DOES HEREBY AGREE TO GUARANTEE AND PROMISE TO PAY RIDGLEA WEST ANIMAL HOSPITAL ALL CHARGES AND EXPENSES INCURRED IN THE TREATMENT OF THE NAMED PATIENT. IF ANY ACTION AT LAW OR EQUITY IS BROUGHT TO ENFORCE THIS AGREEMENT, RIDGLEA WEST ANIMAL HOSPITAL SHALL BE ENTITLED TO REASONABLE ATTORNEY'S FEES, COURT COSTS AND ANY OTHER COSTS OF COLLECTION INCURRED. I UNDERSTANT THAT ALL BILLS ARE PAYABLE AND BECOME DUE UPON PRESENTATION.

X

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SIGNATURE

DATE