

FIRST VISIT/INFORMATION UPDATE SHEET

ACCT # –  
FOR PET –

Species:
Breed:
Color:
M___ F___
DOB:

Client Information

Owner's Name \_\_\_\_\_

Address (physical & mailing) below:

\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

SS # or Drivers License # \_\_\_\_\_

Main Telephone # \_\_\_\_\_

Secondary Telephone # \_\_\_\_\_

Place of work \_\_\_\_\_ Phone # \_\_\_\_\_

The following people and only these people may act as my agent:

1. \_\_\_\_\_ phone \_\_\_\_\_

2. \_\_\_\_\_ phone \_\_\_\_\_

3. \_\_\_\_\_ phone \_\_\_\_\_

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID FOR AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL OR COMPLICATED TREATMENTS IN ADVANCE OF SERVICE.

\_\_\_\_ I GRANT NEW RIVER ANIMAL HOSPITAL PERMISSION TO POST MY PET'S PICTURE, STORY AND MEDICAL INFORMATION ON SOCIAL MEDIA.

**Owner/Agent signature** \_\_\_\_\_ **Date** \_\_\_\_\_