

**River View Veterinary Service, LLC**

Drs. Terry and Sarah Foust  
215 N. Main Street  
PO Box 250  
Port Byron, IL 61275

Thank you for choosing our hospital to care for your pets! We look forward to serving you and your pets, and we would appreciate your time to fill out and sign our contract.

**OWNER INFORMATION**

Name: \_\_\_\_\_

Would you like anyone else listed on account? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

County of residence: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Home phone number:\_(\_\_\_\_\_)\_\_\_\_\_ Work phone number:\_(\_\_\_\_\_)\_\_\_\_\_

Cell phone number:\_(\_\_\_\_\_)\_\_\_\_\_

Cell carrier (circle one): Verizon US Cellular AT&T Sprint Other:\_\_\_\_\_

Would you like to receive text or email notifications (circle choices)? Text Email Neither

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN or Driver's License Number: \_\_\_\_\_

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

**PET(S) INFORMATION**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Breed: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Color: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Sex: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered/Spayed: \_\_\_\_\_ N/S: \_\_\_\_\_ N/S: \_\_\_\_\_

Microchipped: Yes No Microchipped: Yes No Microchipped: Yes No

Previous clinic where pet(s) were seen: \_\_\_\_\_

Please list any current medications or allergies: \_\_\_\_\_

- I understand that the River View Veterinary Service, LLC cannot guarantee the outcome of any treatment or procedure. I understand that the clinic will recommend referral in any case that the veterinarians on staff feel cannot be adequately handled by the River View Veterinary Service, LLC.
- I agree that the veterinary clinic may restrain my pet to protect myself, my pet, and the veterinary staff. I have also told the veterinary clinic of any signs of aggression problems that I have previously had with my pet.
- I also agree to take full responsibility for payments for services and prescriptions that I may pick up for my pet. I further agree that in case of a non-payment, a finance charge of 2.5% per month (\$5 minimum) will be charged. If I still have not paid after 3 months, I understand that I will be sent in for collection and all attorney fees will be paid by me.
- In the event that I pay by check and my check is returned for "NSF," I will be charged an additional \$30.00.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_



602 North High Street  
PO Box 250  
Port Byron, IL 61275

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rvscustomerservice@gmail.com

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**Dr. Sarah Foust, DVM**

**Dr. Terry Foust, DVM**

River View Veterinary Service is committed to helping our clients through exceptional veterinary care.

### Clinic Policies

In order to provide the best service for our clients and their pets, we adhere to the following policies. Please take a moment to review the information below so that your visit can be as safe and comfortable as possible.

#### Safety

We do request, for the safety of your pet and others, that all pets entering the hospital be in a pet carrier or restrained on a leash. We are located on a busy highway and do not want any pets escaping or potentially being in a high risk or harmful situation.

If your pet may have a contagious disease (ie. kennel cough, parvovirus, etc.) you may be asked to hold your pet in your vehicle until we are able to place you in an examination room to avoid contamination of the waiting room and exposure to other pets.

#### Appointment

Office visits are by appointment. We make every effort to see patients at their scheduled time. As a courtesy, if you cannot keep an appointment, kindly contact us via phone, email, text message or PetPro app., so that we can offer the time to another patient. We also send email and/or text message appointment reminders the day before your appointment.

In order to provide the best possible service for all of our patients, we ask that you notify us as soon as possible if you need to cancel or reschedule your appointment. If you are 10 or more minutes late, we have the right to reschedule the appointment. We understand unexpected

and unavoidable situations may occur resulting in an appointment being cancelled on short notice. If River View Veterinary Service deems that cancellations/missed appointments are becoming frequent, we reserve the right to request prepayment fees to schedule future appointments.

After 3 “no-shows” for your scheduled appointment or surgery, we will require prepayment of the invoice charges prior to booking your next appointment. Once you keep this appointment, we can schedule future appointments.

### Payment

Payment in full is expected at the time services are rendered. We accept cash, personal checks, credit cards and we offer Care Credit. We do not offer payment plans. Thank you for understanding.

### Euthanasia

We believe in the compassionate care of all pets and want to relieve pain and suffering when warranted or necessary. If we have not examined your pet in the last year or have never examined your pet before, there will be a \$100 euthanasia consultation fee to discuss all treatment options prior to making a decision about euthanizing your pet.

We reserve the right to refuse to euthanize your pet at the discretion of the veterinarian.

During this difficult time, we are here for your support and comfort as well as that of your beloved pet.

### Emergencies

In the event of an accident or injury, it is best to contact the office for advice on handling and transport of your pet.