

River View Veterinary Service, LLC

Drs. Terry and Sarah Foust
602 North High 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 agree that **PAYMENT IS DUE IN FULL AT TIME OF SERVICE**. 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 12.5% 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: _____