

**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: \_\_\_\_\_