

CLIENT INFORMATION SHEET

River Oak Veterinary Hospital
2369 Patterson Rd
Riverbank, CA 95367
209-869-3692



OWNER INFORMATION

CLIENT NAME: _____ PHONE: () _____
 LAST FIRST

MAILING ADDRESS: _____
 STREET CITY ZIP

PHYSICAL ADDRESS: _____
(IF DIFFERENT THAN ABOVE)

WORK#: () _____ CELL#: () _____ EMAIL: _____

DRIVING LICENSE: _____ DATE OF BIRTH: _____
(state requires DOB with any controlled prescriptions)

ALTERNATIVE CONTACT NAME: _____ PHONE#: () _____



ANIMAL INFORMATION

CIRCLE ONE: DOG CAT OTHER

ANIMAL NAME: _____ BREED: _____ COLOR: _____

DATE OF BIRTH/AGE: _____ SEX: _____ SPAYED/NEUTERED: _____

DATE OF LAST DISTEMPER/PARVO VACCINE: _____

DATE OF LAST RABIES VACCINE: _____

PET INSURANCE: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above-named pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered.

SIGNATURE: _____ DATE: _____

** Please note that there is \$25 fee for any check that is returned due to insufficient funds.