



697 Old Farm Lane
Prattville, AL 36066

NEW CLIENT INFORMATION

Name _____ Mr. Mrs. Ms. Dr. Military (circle one)
Address _____ **City** _____ **St** _____ **Zip** _____
Phone _____ **Cell:** _____ **Email:** _____
Employer _____ **Phone:** _____ **Driver's Lic. #** _____
I prefer to be contacted at: **Work** ___ **Home** ___ **Cell** ___ **Email** ___ **Any** ___
Spouse _____ Mr. Mrs. Ms. Dr. Military (Circle one)
Employer _____ **Phone** _____

HOW DID YOU FIRST BECOME AWARE OF OUR CLINIC?

___ Drive by ___ Billboard ___ Humane Society ___ Groomer ___ Radio ___ Internet
___ Friend or Neighbor (Name _____) Other _____

	Pet #1	Pet #2
Name:	_____	_____
Species:	___ Dog ___ Cat ___ Other	___ Dog ___ Cat ___ Other
Breed:	_____	_____
Color:	_____	_____
Date of birth:	_____	_____
Sex:	___ Male ___ Female	___ Male ___ Female
Neutered/Spayed:	___ Yes ___ No	___ Yes ___ No
Rabies	Date: _____	Date: _____
DHPP	Date: _____	Date: _____
Leptospirosis	Date: _____	Date: _____
Kennel Cough	Date: _____	Date: _____
FVRCP (cat)	Date: _____	Date: _____
Leukemia (cat)	Date: _____	Date: _____

Financial Disclaimer

***The undersigned accepts the fee charged as a lawful debt and promises to pay said fee including the cost of collection, attorney fees, and court costs if such be necessary, waving right now and forever the right to claim exemption under the constitution and laws of the State of Alabama, or any other state.**

Signature: _____ **Date:** _____

Please list all parties permitted to pick up and/or drop off your pet(s):

******WE MUST HAVE YOUR SIGNATURE ON THE FINANCIAL POLICY FORM (NEXT PAGE) IN ORDER TO PROVIDE SERVICE******

Payment method for today: Cash _____ **Credit Card** _____ **Care Credit** _____

FINANCIAL POLICY

Thank you for choosing River Region Veterinary Services, PC to care for your pet. Unfortunately, our love for your pet does not pay our bills. We have strict financial guidelines to follow so that we can continue to provide quality care at reasonable prices to all our clients. We thank you for understanding that we must collect for services rendered in order to keep our doors open. These protocols have been developed following many years of service to the public and the experience and knowledge we have gained.

- **PAYMENT IS DUE AT THE TIME OF SERVICE. NO EXCEPTIONS.**
- **FOR COMPLICATED SITUATIONS WE WILL REQUIRE PAYMENT IN ADVANCE. YOU WILL BE NOTIFIED WHEN THIS IS THE CASE.**
- **WE ACCEPT CASH, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS AND CARE CREDIT.**
- **IF YOU DO NOT QUALIFY FOR A CREDIT CARD IT DOES NOT MAKE SENSE FOR US TO EXTEND CREDIT TO YOU.**
- **WE UNDERSTAND THAT EMERGENCIES HAPPEN. HOWEVER, THESE SITUATIONS ARE THE MOST COMMON FOR US TO GET STUCK WITHOUT PAYMENT. YOU CAN THANK THE PEOPLE BEFORE YOU FOR ENDING OUR ABILITY TO WORK WITH YOU ON PAYMENT.**
- **MEDICATIONS WILL NOT BE DISPENSED WITHOUT PAYMENT. IF YOU "FORGOT YOUR WALLET" OR "DO NOT HAVE ENOUGH CASH", YOU CAN PICK UP YOUR MEDICATIONS WHEN YOU BRING THE REST OF YOUR PAYMENT.**

Again, thanks for your understanding. We will do our best to keep your bill manageable while providing your pet with the best care.

I hereby acknowledge that I have read and understand the financial policy of River Region Veterinary Services, PC.
