



RIVERSTONE VETERINARY HOSPITAL
1421 FM 1189 Ste. 4
Brock, TX. 76087
Tel: (817) 599-8085
Fax: (817) 599-8595
www.riverstonevet.com

GROTE VET CLINIC
819 Santa Fe Drive
Weatherford, TX. 76086
Tel: (817) 594-0216
Fax: (817) 341-8400
www.grotevet.com

For people whose pets are part of the family

CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following information.

Pet owner's name: _____

Spouse/co-owner's name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone number: (Home) _____ (Work) _____ (Cell) _____

Previous veterinarian: _____

Who else can make medical decisions for your pet(s) if you cannot be reached? _____

How may we contact you?

Telephone Which number do you prefer(home, work or cell)? _____

Text message Please list preferred number (if more than one listed): _____

Email Please provide your email address: _____

How did you hear about us?

Referral card Drive by/signage Advertisement

Search engine (Google, Yahoo, Bing etc.) Please specify: _____

Website (grotevet.com, riverstonevet.com, Facebook, etc.) Please specify: _____

Personal recommendation Who may we thank? _____

Shelter or rescue group Who may we thank? _____

Other Please specify: _____

May we share photos of your pet on our website and/or social media (i.e. Facebook, Instagram)?

Yes No

Please tell us about your pet(s). For our records, please provide us with your pet(s) last vaccine records and/or medical records.

Name: _____ Species: _____ Breed: _____

Date of birth: _____ Color: _____ Sex: M F Spayed/Neutered: Yes No

Resuscitate in case of emergency: Yes No

Reason for visit: _____

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Professional fees are due at the time services are provided. When possible, you will receive an estimate of fees before treatment is started. A 50% deposit of the estimate total is due before treatment is started, and payment in full is due at the time patient is discharged. Depending on the progress of the patient, fees in excess of the original estimate may be incurred. If fees are substantial, we will attempt to contact you prior to incurring the fees. If verbal authorization is given, you will be responsible for additional fees. Any patient being discharged must be picked up by closing that day or there will be additional hospitalization charges.

Payment Options: We accept the following credit cards for your convenience: Visa, MasterCard, American Express and Discover. We also offer Care Credit as a payment plan. You may apply for a Care Credit account at www.carecredit.com or by calling 1-800-365-8295. You can also apply here at our office.

Returned Checks: There will be a returned check charge of \$35.00 for returned checks.

We have the right to cancel your privilege to receive veterinary treatment for any animal due to an unpaid balance and you have the right to refuse treatment at any time for any reason. By signing below, you are agreeing that you are responsible for all fees incurred. This includes any medication and diagnostic procedures. The responsibility continues in the event that the patient fails to recover or is euthanized.

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. 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 of release and that a deposit may be required for surgical or extensive medical treatment.

Signature of pet owner

Date