

Welcome to River City Veterinary Hospital!

New Client Registration



Date: _____

Owner Name _____

Employer/Occupation _____

Co-Owner's Name _____

By adding a co-owner, you are granting them full ownership rights to your pet(s), as outlined in the 'Caregiver Consent' Form on the next page.

Co-Owner Employer/Occupation _____

Home Address _____

City _____ State _____ Zip _____

Owner Primary Phone Number _____ Owner Secondary Phone Number _____

Co-Owner Primary Phone Number _____

Email Address _____

RCVH occasionally uses e-mail and text communication for vaccine reminders and to confirm appointments. Upon registration, you will receive an e-mail that will link you to your online portal, where you can opt in or out of these notifications.

How did you hear about us? _____

We love social media! Do we have your permission to share your pet(s)' image on social media and/or our website?
Your name and personal information will never be shared.

- Yes. I authorize River City Veterinary Hospital to share my pet's photo and first name of pet.
 No. I do not authorize this.

Safety of our Team Members, Clients and Patients

We strive to always keep you and your pet safe while at River City Veterinary Hospital. In doing so, please follow these rules:

- All dogs are required to be on a leash and firmly secured by their owners.
- Please avoid your pets from coming into contact with other pets in the hospital.
- All cats are required to be in a carrier.
- Please inform our team members if your pet has a history of aggression and/or severe anxiety.

I have read and fully understand the policy and procedures regarding being a client of River City Veterinary Hospital. I understand that signing below I confirm that I acknowledge and agree to the terms above.

Signature _____

Printed Name _____