## Welcome to River City Veterinary Hospital! New Client Registration



Date:		VETERINARY HOSPITAL
Owner Name		
Driver's License #		
Employer/Occupation		
Co-Owner's Name		
By adding a co-owner, you are gran	ting them full ow	nership rights to your pet(s), as outlined in the 'Caregiver Consent' Form on
the next page.		
Co-Owner Employer/Occupation	n	
Home Address		
City	_ State	Zip
Home Phone		_
Work Phone		Co-Owner Work Phone
Cell Phone		Co-Owner Cell Phone
Which phone number should be	the primary co	ontact on your account?
We love social media! Do we have besite? Your name and person No. I do not authorize this.  Safety of our Team Members, Care	text communica at will link you to ve your permiss al information v eterinary Hospit	tion for vaccine reminders and to confirm appointments. Upon registration, your online portal, where you can opt in or out of these notifications.  sion to share your pet(s)' image and story on social media and/or our vill never be shared.  tal to share my pet's photo and story.
• All dogs are required to be on a		·
<ul><li>Please avoid your pets from co</li><li>All cats are required to be in a</li></ul>	-	act with other pets in the hospital.
•		as a history of aggression and/or severe anxiety.
	confirm that I a	procedures regarding being a client of River City Veterinary Hospital. I cknowledge and agree to the terms above.
Printed Name		
<u>-</u>		