

WELCOME TO RIDGE LAKE ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet! Please help us meet your pet's needs better by taking a moment to share some important information with us. Please print clearly in all spaces.

Owner's Name: _____ Co-Owner/Spouse: _____
 Address: _____
 City, State _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Alternate Phone: _____
 Co-Owner/Spouse Phone: _____ Email Address: _____
 Driver's License #: _____ Are you Military/First Responder/Senior Citizen?: _____
 (Only required if writing a check)

Pet(s) Information:

Species (Dog/Cat/Etc.)	Pet's Name	DOB/Age	Sex	Spayed/Neutered	Breed	Color

MEDICAL HISTORY

Has your pet ever been to another Veterinarian? We would like to call your previous vet to obtain their medical records so we can provide the best care possible.

Previous Hospital's Name: _____
 City/ State: _____ Phone Number: _____

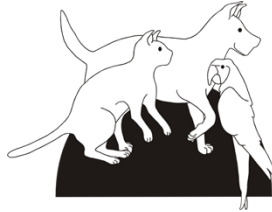
MEDIA RELEASE

Here at Ridge Lake Animal Hospital we love to consider your pet part of our family. We occasionally like to share pictures of your pet on Facebook. May we include pictures of your pet on these forms of social media?
 Please Initial Yes _____ No _____

Signature of Owner or Responsible Party

Printed Name

Date



WELCOME TO RIDGE LAKE ANIMAL HOSPITAL

By signing below I hereby authorize Ridge Lake Animal Hospital to examine, prescribe for and/or treat my pet(s) listed above. **I understand that payment is due at the time services are rendered.** Cash, check, Visa, Master Card, Discover, American Express, and Care Credit cards are all accepted. There will be a \$35.00 service charge for any checks returned unpaid. If you are new to Ridge Lake Animal Hospital, payment by check for the first visit is not accepted. We will gladly prepare a written estimate if you desire (please ask our doctor, assistants, or receptionist). I hereby authorize all pet parents listed above to make financial and medical decisions for the pet(s) listed above.

If my bill goes unpaid and has to be placed in collections, I agree to pay any and all collection costs including but not limited to collection agency fees, attorney fees and/or court costs assessed in the collection of my outstanding balance. I give authorization to have calls placed to any/all of my contact numbers, using an automated telephone dialing system (ATDS), by this office and agents acting on behalf of this office.

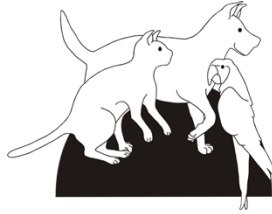
To prevent the spread of infectious diseases and parasites all hospitalized, boarding, and grooming patients must be current on the following vaccines; Rabies, DHPP, Bordetella, free from internal and external parasites determined by current heartworm tests, Feline Leukemia/FIV, and fecal tests. Pets must be current on preventatives for fleas, ticks, and heartworms.

I have read and understand the above statement and agree to the terms.

Signature of Owner or Responsible Party

Printed Name

Date



WELCOME TO RIDGE LAKE ANIMAL HOSPITAL

Ridge Lake Animal Hospital business and medical staffing hours are:

<p>Monday 7:00 am to 7:00 pm Tuesday 7:00 am to 5:30 pm Wednesday 7:00 am to 5:30 pm Thursdays 7:00 am to 5:30 pm Friday 7:00 am to 7:00 pm Saturday 7:00 am to 1:00 pm</p>
--

The purpose of this form is to inform you that this hospital has no in-house, on-duty continuous medical staff care:

1. Overnight, from closing time each weekday until opening time the next day.
2. Weekends, from closing time on Saturday to opening time Monday morning at 7:30 am.
3. The above weekend statement applies to the following holidays that we are closed:

New Year's Day	Labor Day
Memorial Day	Thanksgiving Day
July 4th	Christmas Day

I have read this form and I understand and am aware of the above stated staffing hours of Ridge Lake Animal Hospital.

We would love to know how you heard about us!

If you were referred by a current client or if a new client says you referred them, you each will receive a \$25 credit through our Care to Share Program.

Please select one of the following:

Referral (Care to share) *Please write client's name to receive credit* _____

Word of mouth _____ Drove by _____

Flyers _____ AdWords Campaign _____

New neighbor _____ Facebook _____

Shelter _____ Twitter _____

Word of mouth _____ Google _____

LocalVets.com _____ Other _____

Yellow Pages _____

Signature of Owner or Responsible Party

Printed Name

Date