

River Country Animal Wellness, LLC
431 Main Street
Montello, WI 53949

Thank you for giving up the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you.

Owner/Agent: _____

Address: _____

City _____ State _____ Zip: _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse or Significant Other: _____ Their Contact Number: _____

Emergency Contact & Phone _____

How did you learn of our clinic? Yellow Pages ____ On-line ____ Signage ____ Other ____ Who Recommended? _____

Reason for today's visit _____

Pet's Name _____ Breed _____ Color _____

Birth date _____ Gender _____ Neutered? _____ Spayed? _____ Micro-Chip? _____

Vaccination History (dates/type)

Any Medications (drug name, dose, frequency)

What is your pet eating? (brand name, formula, flavor, amount & frequency)

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this pet(s), from this day forward. I also understand that these charges are to be paid in full at the time of release and that a deposit may be required for surgical treatment. Any unpaid balances will accrue interest at 18% or a minimum of \$10 per month without a payment made each month. I authorize River Country Animal Wellness to use any photos taken of my pet for advertising and/or presentation purposes.

Signature of Owner/Agent _____ Date _____

Method of Payment ____ Cash ____ Check ____ MasterCard/Visa/Discover ____ CareCredit

Cash or check is the preferred method of payment, but Credit or Debit cards are welcome!