

Welcome Form

Your Name	Spouse/Other
Mailing Address	City, State, Zip
Physical Address (if different from above)	City, State, Zip
Primary Phone	Secondary Phone
Emergency Contact Name	Emergency Contact Phone
Email Address	Driver's License or Social Security Number

Pet Information								
Pet's Name	Cat	Dog	Other	Breed	Color	Male or Female	Neutered or Spayed	Medical Alerts

Previous Animal Hospital	Phone Number

How Did You Hear About Us? (please check one)				
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Clinic Sign	<input type="checkbox"/> Website	<input type="checkbox"/> Previous Client	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Personal Recommendation from:				

Rupert Animal Clinic

Other People Authorized to Request Treatment or Information about Pet's Treatment

Name:	Over 18 (Y/N)	Can They Make Medical Decisions (Y/N)
Name:	Over 18 (Y/N)	Can They Make Medical Decisions (Y/N)

Preferred method of Payment (please check one)			
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Care Credit

Photography Authorization

Here at Rupert Animal Clinic we love to celebrate our patients and share pictures on our website and social media channels. Do you authorize Rupert Animal Clinic to use any photos of you and/or your pet's taken during your visit with us?

- Yes
- No

By signing below, you assume responsibility for all charges incurred in the care of the animal's names above. ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. There will be a \$50.00 service charge for any check returned unpaid. Rupert Animal Clinic will be staffed during routing business hours only. Hospitalized patients will receive treatments and medications after hours as prescribed by the attending veterinarian. Upon signing this form, Rupert Animal Clinic will not be held responsible for any loss, such as theft, escape or death.

Signature of Responsible Agent for Pet(s)	Date