

WELCOME TO RIALTO CAT HOSPITAL!



We are pleased to welcome you to our practice! Our mission is to deliver the best possible care to both you and your pet. Please take a few minutes to fill out this form as completely as you can. If you have any questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

CLIENT INFORMATION

Your Name _____ Cell Phone (____) _____
Home Phone (____) _____ Work Phone (____) _____ D.O.B. _____
Address _____ City/State _____ Zip _____
Spouse or co-owner(s) _____ Cell Phone _____
Email _____ Add'l Email _____
To **opt out** of text message patient care updates and reminders, please mark the box: ☐
How did you learn about us? Drive-by/Sign Website Google Yelp Yellow pages online Facebook
I am a Current/Established Client NextDoor Other _____
Personal/Professional Referral By: _____ (We would like to thank them!)

PET INFORMATION

Pet's Name _____ Dog Cat Other _____
Age/Birth date _____ Sex: ☐ Male ☐ Female Neutered/Spayed? ☐ Yes ☐ No
Breed _____ Color/Markings _____
Is your pet : ☐ Indoors ☐ Outdoors ☐ Both
Are you interested in microchipping your pet? ☐ Yes ☐ No ☐ Maybe Already Has # _____
Do you have pet insurance? ☐ Yes ☐ No If so, which provider? _____
Where do you take/travel with your pet? _____

VACCINE HISTORY - Please provide dates that vaccines were last given (month / year):

Dogs: DA2PP _____ Rabies _____ Bordetella _____ Influenza _____ Other _____
Cats: FVRCP _____ FeLV _____ Rabies _____ Other _____ (FeLV/FIV tested? Y / N)

*If your pet has been seen elsewhere and you would like us to request your pet's medical records on your behalf, please tell us the name and/or phone number of the veterinary hospital phone number to contact:
_____ (____) _____

PAYMENT

For payment, we accept : **Cash, Visa®, MasterCard®, American Express®, Discover Card®, and CareCredit®.**
We will gladly prepare a written estimate of service fees if you desire (Please ask any of our staff). All professional fees are due at the time services are rendered. In case of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept all major credit cards and Care Credit. In the rare case where a check has been accepted, there will be a \$25.00 service charge for any check returned unpaid. Any unpaid balance will be sent to our collection agency, for which you are liable. Information obtained through any form may be used in an attempt to collect unpaid debt.

HOSPITALIZED/VISITING PATIENTS

To prevent the spread of infectious diseases, all pets that are dropped-off, boarded, or hospitalized must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice. We will make every attempt to notify you of any procedures that will be done in advance.

Veterinary service during nighttime hours, some daytime hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. Video/audio recordings are used on our premises for training purposes.

We also love to showcase our patients and their families on our social media sites! If you Do Not wish to participate please check this box

Signature of Responsible Agent of Pet(s) _____ Date _____