

Riverdale Park Animal Hospital
5702 Riverdale Road Riverdale, MD 20737

For Office Use Only:
Client # _____
Letter Sent? _____
Staff _____

Welcome to RPAH!

We are excited to have you – and your pet(s) – join our veterinary family! In order to get everything set up in our system, we need a little information. The front side of this document is requesting the owner's information, while the back side is requesting the pet's.

Owner's Information:

Name: (Ms./Mrs./Mr./Undisclosed) _____
Last First M.I.

Mailing Address: _____
House/Building Number Street Name Apt/Unit Number

City: _____ State: _____ Zip: _____

Home Number: _____ Cell Number: _____

Email Address: _____

* We do not sell client information. Email addresses are used to send service and appointment reminders/confirmations. *

Secondary Contact: _____ Telephone Number: _____

Relation : _____

How did you first hear about our hospital?

___ An individual (Who may we thank? _____)

___ Exterior signage ___ Internet ___ Other (Please explain: _____)

Statement regarding fees: *Fees are due in full at the time services are rendered.* We do not provide billing or extend terms of credit. Should your pet require hospitalization, a deposit of 50% of the estimated total will be required upon admittance/drop off.

Methods of payment: We accept cash, debit cards, credit cards, American Express, and Care Credit. We do not accept checks.

**** Riverdale Park Animal Hospital does not provide 24-hour supervision ****

My signature below indicates that I am 18years or older, have read, understand the above statements and the information provided is true to the best of my knowledge

Signature: _____ Date: _____

*****PLEASE COMPLETE REVERSE SIDE*****

Pet's Information:

	Pet #1	Pet #2
Name		
Species (Dog/Cat/Rabbit/Etc)		
Breed (Chihuahua/Maincoon/Mini Lop/Etc)		
Gender	Male Female Not Sure	Male Female Not Sure
Color(s)		
Neutered or Spayed?	Yes No Not Sure	Yes No Not Sure
Date of Birth/Estimated Age		

If you have medical records please provide them to the front desk or provide the information of your previous vet office below.

Name and number of last hospital/veterinarian that provided services for your pet(s): _____

Please list any previous illnesses/surgeries/allergic reactions that your pet has had: _____

Please list the name or brand of food you are currently feeding your

pet(s): _____