

Rainbow Veterinary Hospital

Personal Information (Please Print)

Thank you for giving us the opportunity to care for your pet.
So that we may better meet your needs, please complete the following:

Client Information

Client Name: _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Occupation _____ Employer _____

Alternate contact _____ Spouse Partner Co-Owner Other Telephone: (____) _____

* How do you want to be contacted: Phone Text Message Email Mail (Please Provide)

Pet Information

Male Female

Pet's Name _____ Dog Cat

Breed _____ Spayed Neutered

Color _____ Birthdate _____

Vaccine History: _____

Male Female

Pet's Name _____ Dog Cat

Breed _____ Spayed Neutered

Color _____ Birthdate _____

Vaccine History: _____

Important Information

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

The undersigned acknowledges and certifies that in admitting their pet(s) for diagnostics, treatment, or surgery, they are owners of listed pets with authority to make health decisions and authorize the veterinarians of Rainbow Veterinary Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

It is understood that an estimate of charges will be given for services. no guarantee or assurance can be made as to the results that may be obtained. If unable to reach you within 5 minutes, we will proceed with our best judgment to reach a satisfactory result.

We send reminders for routine care such as vaccines, deworming, and lab work periodically to our clients as a courtesy. We use third party services to contact clients via text, email, and regular mail. By signing below you authorize a third party such as Demandforce or VetStreet to send reminder notifications via email, text, and or regular mail.

Many, but not all, medication used in veterinary medicine including this hospital are used on an "off label" basis. This is mainly due to the incredible expense for research required for each species label.

I grant to Rainbow Vet Hospital, its representatives and employees the right to take photographs of my pet, and to copyright, use and publish the same in print and /or electronically. I agree that RVH may use such photographs of my pet for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

No one is here when the hospital is closed. We have no night attendant.

How/Why did you select us? Google Google+ Bing Yelp Yellow Pages Yahoo
 Direct Mail Care.com Angie's List Facebook Instagram Twitter Website
 Personal Friend (Whom: _____) Other: _____

Signature _____ Date _____

NOTE: For the health of all our patients, all pets hospitalized or boarded must be current on all vaccinations and must be "flea free"