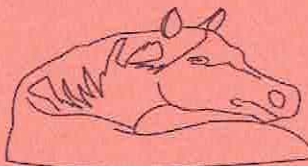


THE STOCK DOC



VETERINARY SERVICES

3700 Riverview Rd. Riverton, WY 82501 * (307) 856-7764 * www.rivertonvet.com

WELCOME

Thank you for giving us the opportunity to care for your pet. We are 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!

REGISTRATION

Date: _____

Owner Name: _____
(Dr., Miss, Mrs., Mr.) Last, First

Spouse/Co-Owner Name: _____
(Dr., Miss, Mrs., Mr.) Last, First

Email Address (For reminders/updates/specials): _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Co-Owner Cell: _____

Employer's Name: _____ Work Phone: _____

Co-Owner Employer's Name: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Pet Name: _____ Breed: _____ Birthdate: _____ Sex: _____

History: _____

How did you hear about us? Radio Website Yellow Pages Facebook Twitter Friend

If recommended, who may we thank? _____

AUTHORIZATION

BY SIGNING BELOW I UNDERSTAND AND AGREE TO: AUTHORIZE THE VETERINARIAN(S) TO EXAMINE, PRESCRIBE FOR, AND PROVIDE INITIAL DIAGNOSTICS FOR MY PET. I AM AWARE A DEPOSIT MAY BE REQUIRED PRIOR TO WORK UP. I AM 18 YEARS OLD OR OLDER AND AM ACCEPTING FINANCIAL RESPONSIBILITY FOR THIS PATIENT. I ASSUME FINANCIAL RESPONSIBILITY FOR ALL HOSPITAL CHARGES. I ASSUME RESPONSIBILITY FOR ALL FEES ASSOCIATED WITH THE COLLECTION OF ANY UNPAID BALANCES INCLUDING \$25.00 FOR RETURNED CHECKS. THE BALANCE WILL BE PAID IN FULL AT THE TIME OF DISCHARGE. ACCOUNTS NOT PAID IN FULL WILL BE ASSESSED A 1.5% FINANCE CHARGE WITHIN 30 DAYS, EACH MONTH NOT PAID. SHOULD WE HAVE TO FILE SUIT IN ANY COURT OF LAW TO COLLECT THE AMOUNT DUE, I AGREE TO PAY REASONABLE ATTORNEY FEES AND COURT COSTS INCURRED IN ANY COLLECTION FOR MY ACCOUNT.

SIGNATURE OF OWNER/AGENT _____ DATE: _____