



4 Market St., #4102, Brevard, NC 28712
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Welcome! Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill in this form completely.

Owner's Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

How Did You Hear About Riversong? \_\_\_\_\_

What are your Primary Concerns and Goals for your visit today? \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_

Type of Animal: [ ] Canine [ ] Feline Color: \_\_\_\_\_ Sex: [ ] Male [ ] Neutered [ ] Female [ ] Spayed

Has Your Pet Received Veterinary Care Previously? [ ] Yes [ ] No Where: \_\_\_\_\_

Where did you acquire your pet? \_\_\_\_\_

Please Check Any Symptoms or Concerns You Have Regarding Your Pet:

- [ ] Bad Breath [ ] Behavior Problems [ ] Bleeding Gums [ ] Coughing [ ] Diarrhea [ ] Increased Thirst/Urination
[ ] Gagging [ ] Lack of Appetite [ ] Weight Loss/Gain [ ] Scooting [ ] Scratching [ ] Shaking Head
[ ] Weakness [ ] Loss of Balance [ ] Seems Depressed [ ] Limping [ ] Vomiting [ ] Sneezing

🐾 Authorization for Integrated Veterinary Care:

Riversong Veterinary Clinic is an integrative practice where we strive to "treat your pet well" by using both conventional and holistic treatments. I hereby authorize the veterinarian to examine, prescribe for, and treat my pet using the treatments she feels are most beneficial and appropriate. I understand treatment options may include, but are not limited to, Chinese acupuncture, herbal and food therapy, nutritional supplements, homeopathic remedies, and pharmaceuticals. I hereby authorize the veterinarian to prescribe "extra-label" medications as medically necessary and understand that additional information will be provided if requested. I understand treatment options will be discussed with me prior to care.

🐾 Authorization for Payment:

I assume responsibility for all charges incurred in the care of this animal. I understand payment for these charges is expected at the time service is rendered, unless prior arrangements have been made, and that a deposit may be required for surgical treatment. Payments may be made via Visa, MasterCard, Discover, American Express, Debit Card, Cash, Care Credit, and Personal Check. I understand that no medical treatment has a guaranteed outcome.

🐾 Authorization for Photographs:

I hereby authorize photographs to be taken of my pet and myself for record-keeping at Riversong and educational use.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_