



River Heights  
Veterinary Clinic

Client Registration Form  
(630) 554-3400 office (630) 554-9432 fax  
vet@riverheightsvet.com

Thank you for giving us the opportunity to care for your pet(s). So we may become better acquainted, please complete the following:

**Client Information**

Owner's Name: \_\_\_\_\_  
Title Last First Middle

Spouse's/Emergency Name: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_  
City State Zip County

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ E-mail \_\_\_\_\_ \*

Cell/Pager \_\_\_\_\_ Spouse/Emergency Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Birthdate \_\_\_\_\_

How did you become aware of our clinic?  Hospital Sign  Yellow pages  Friend  Website

Individual /Other(Whom may we thank?) \_\_\_\_\_

Previous veterinarian: \_\_\_\_\_ Phone \_\_\_\_\_

**Pet Information:**

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

(Circle) Sex: Female, Female Spayed, Male, Male Neutered Weight: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
month year

**Medical History:** In the last year has your pet been vaccinated against or tested for: Answer **Yes , No, or Unknown**

**Dog:** Vaccine Status: Distemper-Parvo \_\_\_\_\_ Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_ Lymes \_\_\_\_\_  
Current Heartworm Test \_\_\_\_\_ Fecal Analysis \_\_\_\_\_

**Cat:** Vaccine Status: Distemper-Respiratory virus \_\_\_\_\_ Rabies \_\_\_\_\_ Leukemia \_\_\_\_\_  
Fecal Analysis \_\_\_\_\_ Tested for Feline Leukemia and Feline Immunodeficiency Virus? \_\_\_\_\_

**Other Pets:** Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Has your pet had any allergies to Vaccinations or Medication? \_\_\_\_\_

Is your pet on a Special diet or Medication? \_\_\_\_\_

Reason for visit? \_\_\_\_\_

Preferred method of Payment  Cash/check  Visa  Master Card  Discover

If possible please email/fax this form to our office prior to your visit or arrive 10-15 minutes early to allow time for us time to prepare your pets medical record.