



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 (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 Intestinal Parasite Analysis

Cat: Vaccine Status: Distemper-Respiratory virus Rabies Leukemia Intestinal Parasite 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 to your visit.

