

# CLIENT INFORMATION SHEET

RIO GRANDE ANIMAL HOSPITAL ~ 1913 CANDELARIA NW ~ ALBUQUERQUE, NM 87107  
 TELEPHONE: (505) 344-5353 ~ FAX: (505) 345-0581

Welcome to Rio Grande Animal Hospital. Thank you for choosing our hospital to provide healthcare for your pet (s). Please take a few minutes to complete the following information.

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact (Other than spouse. Please include phone number and relationship)

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## PET INFORMATION

Pet Name	Dog	Cat	Male/Female	Spay/Neuter Y/N	Breed	Color	Date of Birth
1.							
2.							
3.							
4.							
5.							
6.							

I \_\_\_\_\_, certify that I am the owner (or authorized agent of the owner) of the pet(s) listed above. I authorize the doctors and staff (under doctor supervision) of Rio Grande Animal Hospital to perform veterinary services, treatments, and procedures and no guarantee of successful treatment is made.

I also understand that all treatment and medication charges are in addition to the exam and consultation fees. I agree to pay for all charges, including charges for unforeseen complications that may arise. I understand that a deposit is required at the time of hospitalization and any remaining balance is to be paid at the time of dismissal.

**Signature of owner / agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_