

RUM RIVER VETERINARY CLINIC
100 W MAIN ST ANOKA, MN 55303
CLIENT AND PATIENT INFORMATION

OWNER'S NAME (S) _____

ADDRESS _____

CITY/ZIP _____ CELL PHONE(S) _____

HOME PHONE _____ BUSINESS PHONE(S) _____

WOULD YOU LIKE E-MAIL REMINDERS? Yes No EMAIL _____

(PLEASE INITIAL) _____ BY DOING SO, YOU'RE ALLOWING RUM RIVER VETERINARY CLINIC TO TAKE PHOTOGRAPHS OF YOUR PET TO UPLOAD ON OUR FACEBOOK PAGE OR WEBSITE

EMERGENCY CONTACT: NAME _____ PHONE _____

PET'S NAME _____ COLOR _____

DOG CAT OTHER _____ BREED _____

SEX (circle one) Male Neutered-Male Female Spayed-Female

PET'S AGE _____ DATE OF BIRTH _____

WHEN WAS YOUR PET'S LAST VACCINATION? _____

WHICH VACCINES WERE GIVEN? _____

IF YOUR PET IS A DOG WHEN WAS THE LAST HEARTWORM CHECK? _____

IF YOUR PET IS A CAT HAS HE/SHE EVER BEEN TESTED FOR LEUKEMIA VIRUS? YES NO

DOES YOUR PET HAVE ANY ALLERGIES? YES NO

PLEASE LIST ANY HEALTH OR BEHAVIORAL CONCERNS YOU HAVE TODAY. _____

WHAT DO YOU FEED YOUR PET? (type/brand) _____

PLEASE NAME YOUR LAST VETERINARY CLINIC IN CASE WE HAVE TO CHECK OLD RECORDS

IF YOU HAVE ANY OTHER PETS PLEASE LIST THEM _____

HOW DID YOU CHOOSE OUR CLINIC? (please circle one) DRIVE-BY LOCATION NEWSPAPER

ANOKA YELLOW PAGES MPLS. YELLOW PAGES REFERRAL BY _____

(name)

PAYMENT IS EXPECTED AT THE TIME OF SERVICE

WE NO LONGER ACCEPT CHECKS

THANK YOU FOR CHOOSING US TO CARE FOR YOUR PET!