

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

Owner's Name(s) _____ Owner's D.O.B. (For Pet Prescriptions) _____

Address _____ City/Zip Code _____

Cell Phone(s) _____ Home Phone _____

Would you like email reminders? Yes No Email: _____

(Please Initial) _____ By doing so, you're allowing Rum River Veterinary Clinic to take photographs of your pet(s) to upload to our Facebook Page or Website.

Emergency Contact: Name _____ Phone _____

Pet's Name _____ Color _____ Age _____ Date of Birth _____

DOG CAT Breed _____ Does your pet have any known allergies? YES NO

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

Please name your last veterinary clinic in case we have to check for old records: _____

Medical Information Release Authorization

I hereby authorize all representatives of Rum River Veterinary Clinic to release any medical history/information which may include vaccine history, behavior, past procedures, medications, etc. of my pet(s) to the following:

- Boarding
- Emergency Clinics
- Grooming
- Pet Rescue Groups
- Police Department
- Secondary Veterinary Clinic
- Relatives (who) _____
- Other _____
- I DO NOT wish to have my pet's medical records release to any of the above options.

Is there anyone who you DO NOT authorize to receive information?

*Please alert our receptionists if you would ever like to discontinue these authorize consents. If you decide to not authorize your consent to any of the aforementioned then we will be calling you for your consent if the situation should arise.

Owner Signature: _____ **Date:** _____

Phone Number: _____

In the event of any legal case concerning this pet, Rum River Veterinary Clinic, may need documentation allowing us to give out information to anyone, including you, as the current owner.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE

WE DO NOT ACCEPT CHECKS

THANK YOU FOR CHOOSING US TO CARE FOR YOUR PET!