



# RIVER OAKS

Veterinary Clinic

20801 S. Hwy 277 P.O. Box 407  
Christoval, TX 76935

Jodie J. Uptergrove, DVM

325-896-2726

*Welcome to our clinic!!!*

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To ensure that your pet receives our best care, please complete the following.

## CLIENT INFORMATION:

Owner's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

How would you like us to remind you of upcoming vaccinations?  
(mail, phone #, email) \_\_\_\_\_

## PATIENT INFORMATION:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Fixed: Y N

Breed: \_\_\_\_\_ Colors: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Fixed: Y N

Breed: \_\_\_\_\_ Colors: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Fixed: Y N

Breed: \_\_\_\_\_ Colors: \_\_\_\_\_

If you have more new patients, consult the receptionist.

***All fees are due at the time services are rendered.***

*I hereby authorize the veterinarian to examine, prescribe for and/or treat my pet. I assume responsibility for all charges incurred in the care of this animal. I understand that the charges must be paid at the time of release and that a deposit may be required for surgical treatment.*

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_