



New Client Form

Owner/s _____ Date _____

Address _____

Phone number _____ alternate phone number _____

Email _____

Pets Name _____ Sex M/F Color _____ Age _____

Allergies _____ Health conditions _____

Referred by _____ Release of Records to _____

I hereby consent and authorize IRVC to receive, prescribe for, treat and/or operate upon any of pets here. I give IRVC permission to use photographs or videos of my pet with their name for posting on social media platforms. Payment is due at the time of service. I am requesting veterinary service for my pet and understand I am financially responsible for any charges to my account. I have read this and agreed upon.

Client Signature _____ Date _____