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Welcome Back to Our Office

Chart Number _____

Today's Date: _____

Name _____ Spouse/Other Name _____

Are there any children under the age of 10 living in the household? Y__ N__

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Phones #1: _____ Phones #2: _____

Employer _____ Phone Number _____

Emergency Contact Name/ Number _____

Best time to call you regarding your pet's care _____

Email _____

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly prepare an estimate upon request. We accept checks, cash, VISA, Mastercard, Care Credit and Debit cards. There will be a \$25.00 service charge for any returned check. If payment is not made at time of services, you, the client, agree to pay all costs of collection, including responsible attorney fees, whether or not a lawsuit is commenced as part of the collection process.

I agree to these terms of treatment and payment. I understand that I am responsible for the payment of services rendered.

How do you intend to pay today? Please choose one:

CASH__ CHECK__ VISA__ MASTERCARD__ DEBIT CARD__ CARE CREDIT__

*****Signature of Client Responsible for Pet: _____*****

Pet's Name	M/F	Neutered/ Spayed?	Dog/ Cat	Breed	Age
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			

Please turn in to our receptionist when you've completed this page. Then continue to the next page.