



WELCOME TO...



Cedar River ANIMAL HOSPITAL

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET!! PLEASE TAKE A MOMENT TO SHARE SOME IMPORTANT INFORMATION WE WILL NEED TO PROVIDE YOUR PET THE BEST MEDICAL CARE TODAY AND IN THE FUTURE.

YOUR NAME _____ SPOUSE/OTHER _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ DRIVERS LICENSE# _____
HOME PHONE# _____ PRIMARY CELL # _____
SECONDARY CELL# _____ EMAIL _____
EMPLOYER _____ WORK # _____
ALTERNATE EMERGENCY PHONE # _____

WOULD YOU LIKE TO RECEIVE TEXT MESSAGE REMINDERS REGARDING YOUR PET(S) APPOINTMENTS? YES or NO

Table with 9 columns: CAT, DOG, OTHER, PETS NAME, AGE OR DOB, SEX, ALTERED?, BREED, COLOR. Includes sub-headers for SEX (CIRCLE ONE) and ALTERED? (CIRCLE ONE).

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE PROVIDED. IN CASE OF EXTENSIVE MEDICAL OR SURGICAL PROCEDURES, WHEN FULL PAYMENT MAY BE DIFFICULT AT DISCHARGE, WE GLADLY ACCEPT AMERICAN EXPRESS, DISCOVER, MASTER-CARD AND VISA.

THERE WILL BE A \$25.00 SERVICE CHARGE FOR ALL RETURNED CHECKS.

SIGNATURE OF PERSON RESPONSIBLE FOR PET(S) _____ DATE _____
HOW/WHY DID YOU SELECT US _____