

# CADRON CREEK VET CLINIC

## PATIENT/CLIENT INFORMATION

*Welcome to Cadron Creek Veterinary Clinic. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete **both** sides of this information sheet.*

Your Name \_\_\_\_\_ Spouse/other \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

In case of EMERGENCY, please call \_\_\_\_\_ @ Telephone \_\_\_\_\_

How do you prefer to be notified of reminders? Text message \_\_\_ Email \_\_\_ Post Card \_\_\_

Referred by \_\_\_\_\_

**AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.  
ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.  
DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.**

**We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard, American Express and Discover Card. We charge a \$25 fee for returned checks.**

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF PARASITE CONTROL AS NEEDED FOR MY PET(S).**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

By checking the box to the left, I am digitally signing the consent above.

**Please List Individual Pet Information On The Back Of This Form**

Please list individual pet information below.

	PET # 1	PET # 2	PET # 3
Name			
Species (cat/dog/horse/etc)			
Breed			
Description/color			
Age			
Sex			
Spayed/Neutered?			
<b>Previous Veterinarian</b>			
Are Vaccinations Current?			
On Heartworm Prevention?			
If so, what kind?			
On Flea/Tick Prevention?			
If so, what kind?			
Current Medications			
Special Diet			
Prior Illness/Accident			
Prior Surgery/Dentistry			

**DETAILS**

---



---



---