

Client Information (Owner)

If the pet owner is a minor (under 18 years of age), a parent or guardian must be listed as the primary client below.

First Name:	Last Name:		
First Name:	Last Name:		
Street Address:			
City/State/Zip:			
Date of Birth:	Driver's License #:	State:	SSN:

***Email Address:**

**A valid email address is required to utilize paperless appointment and vaccination reminders, our Online Pharmacy, and our Pet Page app.*

Cell Phone #:	Alternate Phone #:
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Preferred method of contact (call, text, or email):

How did you hear about us?

Patient Information (Pet)

Name of Pet:	Date of Birth/Age:
Species:	Breed/Type:
Sex (Female/Male/Spayed/Neutered):	Color/Markings:

Previous veterinary clinic:

Is this patient currently on any medications/supplements? (if so, please list):

Please inform reception at this time if your pet may become nervous with restraint/close contact or does not like other animals.

Clinic Policies

Please sign and date the bottom to indicate that you have read and understood the following:

Financial Policy

I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet on this form. I assume responsibility for all charges incurred in the care of this pet. I understand that these charges will be paid at the time of release and that a deposit may also be required for treatment. I understand that Cedar Creek Vet Clinic does not allow payment plans. A finance charge is applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.5% per month, which is the annual percentage rate of 18%. Minimum charges per month are \$1.00. There is a \$15.00 service charge for each check returned to us by your bank.

Patient Records Release

I authorize the release of requested patient medical information to other veterinary clinics and/or boarding/grooming facilities.

What if I am running late for my appointment?

We understand that many people travel a great distance to our clinic, and unforeseen traffic or weather related issues may occur during transit. If late, please call our office so that we can arrange for your late arrival or reschedule your appointment. In many cases, we can accommodate late arrivals, but we may have to delay your appointment or reschedule for another date to keep on schedule. Depending on the lateness, an increased exam fee may be charged.

What will happen if my pet becomes extremely fearful, anxious, or aggressive?

We may have to sedate your pet or place a muzzle. Please understand that this is for our protection and will in no way harm or traumatize your pet. Even if your pet has never bitten or snapped at anyone in the past, our complete physical examination requires us to touch, hold, feel and manipulate your pet. Sometimes this can cause animals to become anxious or fearful. Sedation, if needed, can often make the appointment more pleasant for your pet. If you are unable to place a muzzle or if we are unable to safely sedate your pet, we will be unable to attempt or complete examination.

Hospital Policy

Our hospital policy is designed to ensure the safety and well-being of your pet and other pets in our care. This policy is for all pets that stay in the hospital (i.e., sick, surgery, boarding, etc.). For all scheduled anesthetic procedures, your pet will be admitted to our clinic the afternoon before the procedure. This allows our experienced veterinary team to conduct necessary pre-surgery assessments and prepare your pet for a successful and smooth operation. Rest assured that your pet will receive the utmost care and attention during their stay with us. For all non-emergency procedures, we require patients to be current on recommended services *prior* to their stay.

Social Media Policy

We love to share cute pictures of our patients! Cedar Creek Vet Clinic occasionally posts pictures of our patients having a great experience at our clinic. If you would prefer that we not take or share pictures of your pet, or have any questions about our website or social media accounts, please let a staff member know.

Signature of Responsible Party X _____

Printed Name of Responsible Party X _____

Today's Date: _____