

Client Information

If the client is a minor (under 18 years of age), the parent or guardian bringing the patient in should be listed as the client.

First Name:	Last Name:	
First Name:	Last Name:	
Address:		
City/State/Zip:		
Date of Birth:	Driver's License #:	SSN:
*Email Address:		
<i>*Please provide an email address if you would like to receive paperless appointment and vaccination reminders.</i>		
Phone:	Alt. Phone:	
Preferred Method of Contact (call, text, or email):		
How did you hear about us?		

Patient Information

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 or supplements? (if so, please list):	
<i>Please inform reception at this time if your pet may become nervous with restraint or close contact.</i>	

Clinic Policies

Please initial 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

Should I inform Cedar Creek if my pet does not like other animals?

Yes. We can plan ahead so that your pet does not come in contact with other animals while entering or exiting the building. Please check in with

What if I am running late for my appointment?

We understand that many people travel from a great distance to our clinic, and unforeseen traffic or weather related issues may occur during

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

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: _____