



Thank you for bringing your pet to the
CUYAHOGA FALLS VETERINARY CLINIC
 Please take a moment to provide us with the following information:



Date _____

Owner's Name _____ Spouse _____

Children (first names and ages) _____

Address _____ City _____ Zip _____

Employer's name and address _____

Spouse's employer and address _____

Phone Number(s) (H) _____ (W) _____ (C) _____

At what time _____ and which number _____ is best to call you about your pet? E-mail _____

In case of EMERGENCY, please call _____ at this number _____

Pet's Name _____ Canine Feline Other _____

Breed _____ Color/Markings _____ Male Female Neutered? Y / N

Where did you get your pet? _____ How long have you owned your pet? _____

Age _____ Weight _____ Known Vaccine History _____

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Where did you get your pet? _____ How long have you owned your pet? _____

Age _____ Weight _____ Known Vaccine History _____

For additional pets, please use the back of this sheet.

We will gladly prepare an estimate if you desire. Please ask a receptionist or a doctor.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

To indicate your method of payment, complete the following:

Visa MasterCard Discover Cash

How did you *first* learn of The Cuyahoga Falls Veterinary Clinic?

- Individual/Recommendation; someone we may thank? _____
- Internet; listing? _____ Facebook our website (fallsvetclinic.com)
- Yellow Pages Twitter our blog (blog.fallsvetclinic.com)
- Clinic sign Flickr

We consider our pet(s) part of the family as a pet

PUBLIC HEALTH NOTICE:

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all core vaccines and free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet in such a situation.

Signed: _____

Comments: _____