



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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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 _____

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 AmEx Cash CareCredit

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 Instagram

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

PUBLIC HEALTH NOTICE:

Pursuant to Environmental Health Code of the Summit County Combined Health District Chapter 601, all animals not current on Rabies vaccine and examined/treated at Cuyahoga Falls Veterinary Clinic will be brought current on Rabies vaccination.

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: _____

From time to time, the Cuyahoga Falls Veterinary Clinic (CFVC) will take photos of patients and cases for internal use. I grant to CFVC, its representatives and employees the right to include photos of the patients listed above and to copyright, use and publish the same in print and/or electronically. I agree that CFVC may use such photographs with or without names for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web content.

Signed: _____

The Cuyahoga Falls Veterinary Clinic respects your privacy. No portion of the information gathered here is made available to outside parties.