



Cedar Hills Vet Clinic

Welcome to our practice!

Today's Date: _____

Name:

Alternate name(s) on account with authority to make decisions:

Mailing Address:

Primary phone number:

Alternate phone number (s):

Email address (if you use email regularly):

Do you prefer email reminders to paper reminders? Yes/No

How were you referred here?

Pet's Name(s) and Gender(s): Spayed/Neutered: Yes/No

Pet's Age(s) (or Date of Birth):

Previous Veterinarian(s) and phone number(s):

Last Vaccinations Given:

Health History, Illnesses or Other Information we should know:

Full payment for services is due at time of service.