

Cedar Heights Pet Clinic

5305 University Ave • Cedar Falls, Iowa 50613 • (319) 268-0129



So that we may provide you and your pet with the best service possible, please complete this form.

Download this form first, fill it out and e-mail it to CHPC@cfu.net or print it and bring it in with you to your appointment. We will review it and collect your signature when your pet arrives.

CLIENT INFORMATION:

Owner's Name	_____	_____	_____	_____
	First	Last	Co-Owner's First	Last
Address	_____	_____	_____	_____
	Number and Street	City	State	Zip Code
Owner's Email Address	_____			
Owner's Phone	_____	_____	_____	_____
	Home	Work	Cell	
Co-Owner's Phone	_____	_____	_____	_____
	Home	Work	Cell	
Alternate Emergency Contact	_____		_____	
	Name		Phone Number	

Text Messaging is our **preferred** way to send Appointment Reminders.

How would you like your appointment reminders? Cell Email

PET INFORMATION:

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Dog, Cat or Other				
Breed				
Color/Markings				
Age or DOB				
Male or Female				
Spayed/Neutered?				
Microchip#				
Clinic where last vaccines were given				

I allow Cedar Heights Pet Clinic to use images of my pet(s) for marketing purposes. Yes No

VETERINARY CENTER POLICY *(Please Read)*

For the protection of your pet as well as others, all pets remaining in the hospital for any reason must have current vaccinations for infectious diseases and be free of external parasites (fleas, ticks, etc.). If not, they will be treated at the owner's expense upon entry. If an emergency should arise with your pet and we are unable to reach you, appropriate treatment will be administered. We are always happy to give estimates of our fees at your request. Payment in full is due when your pet is released from the hospital.

I understand the above policy and plan to pay today by: Cash Check Credit/Debit Care Credit

Signature _____ Date _____