



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

Please fill out this form first. Then you can save it as a PDF to your computer and/or print it off. Email a copy to **staff@cedarheightspetclinic.com** or print it and bring it 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 Brookside Veterinary Hospital 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 _____