		For Office Use Only
Cedar	r Grove Veterinary Services	
VS -	Please Fill Out Form Completely	
Owner Information		L
Primary Owner Last Name:	First Name:	Middle:
Secondary Adult Last Name:	First Name:	
Relationship to Owner? <b>Spouse</b>	Partner 🗌 Other 🗌	
Primary Address:	City:State:	Zip Code:
Primary Phone:	2 <sup>nd</sup> Phone:	_
Employer:		
May we contact you at work? Yes		
E-mail address:		
What is the best method of contacting you re Mail E-mail		
Secondary Adult Address and Phone Number		
Address:		Zip Code:
Phone Number:	_	
Should a medical emergency arise, I authorized	thorization for Emergency Care e the medical staff to administer a tranquilize stabilize my pet. I agree to pay, in full, for all for and to my pet	
Veterinary Services of delay or fail to pick up	of my pet. If I (or other authorized adults) neg my pet within in five (5) days, you may consi Services to determine the best outcome for m	der my pet abandoned, and I
Please List any other Authorized Adults over decisions: Name: Name: May we post digital pictures of you and your Yes No	Relationship: Relationship:	
estimate for services. Please ask the Do	es to be paid in full at time of discharge. Doctor or a Staff Member. Payment method Veterinary Services:	ds allowed at Cedar Grove

-Personal Check- -Discover/Visa/MasterCard/American Express- -Care Credit- -Cash-