

Cedar Grove Veterinary Services

Date _____

Please fill out form completely

Adult

Owner's Last Name _____ First name _____ Middle _____

Address _____ City _____ Zip Code _____

Primary Phone _____ 2nd Phone Number _____

Employer _____ Work Phone _____

May we contact you at work? yes No

Driver's License # _____ E-Mail Address: _____

Other Responsible Adult Last Name _____ First Name _____

If different from above:

Address _____

City _____ State _____ Zip Code _____

Relationship to Owner: Spouse Partner Other

Other members of household with ages: _____

Please list all authorized adults over the age of 18 years that are allowed to make medical and financial decisions for

your pets: Name: _____ Relationship _____

Name: _____ Relationship _____

How is it best to contact you for reminders about your pet's needs? Mail E-Mail

May we post digital pictures of your pets on our social media sites? Yes No

Please note that we require all services to be paid in full at the time of discharge We will gladly prepare an estimate. Please note that we require all services to be paid in full at the time of discharge. We will gladly prepare an **estimate for services**. Please ask the Doctor or a Staff Member Payment methods allowed

Personal Check Discover Visa Master Card Care Credit Cash

AUTHORIZATION FOR EMERGENCY CARE

Should an emergency arise, I authorize the medical staff to administer a tranquilizer or perform such emergency procedures as may be deemed necessary for the health of my pet. I agree to pay, in full, for all necessary services rendered for and to my pet.

I have read these conditions for the care of my pet. If I neglect to notify the Veterinary Service of delay or fail to pick up my pet within 5 days, you may consider my pet abandoned, and I hereby authorize Cedar Grove Veterinary Services to determine the best outcome for my pet as deemed necessary.

Owner/ Agent _____ Date ____/____/____

How did you hear about Cedar Grove Veterinary Services: Yellow Pages _____ Website _____ Newspaper Ad _____
Drive by _____ Other _____

Referral (Whom may we thank)? _____