

Cedar Grove Veterinary Services

For O	ffice	Use	Only
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Please Fill Out Form Completely

Owner	Inform	ation
OWITEI		auvii

Primary Owner Last Name:		_ First Name: _		Middle:		
Secondary Adult Last Name:	First Name:					
Relationship to Owner? Spouse	Partner	Other				
Primary Address:	City:		State:	Zip Code:		
Primary Phone:	2 nd Phone:					
Employer:	Work Number:					
May we contact you at work? Yes	No 🗌					
E-mail address:						
What is the best method of contacting you reg Mail E-mail Secondary Adult Address and Phone Number (i	<u>-</u>	, ,				
Address:	City:		State:	Zip Code:		
Phone Number:						
Other Members of Household with Ages:						
Authorize Should a medical emergency arise, I authorize procedures as may be deemed necessary to sa		to administer agree to pay, in	•			
I have read these conditions for the care of Veterinary Services of delay or fail to pick up n hereby authorize Cedar Grove Veterinary Se	ny pet within in f	ive (5) days, yo	u may consid	er my pet abandoned, and I		
Primary Owner:		Date:				
Please List any other Authorized Adults over the decisions:						
Name:		onship:				
Name:		onship:				
May we post digital pictures of you and your p Yes No	ets on our social Pets O					

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