

Welcome to Cottonwood Animal Hospital

Thank you for giving us the opportunity to care for your pet (s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Name _____ /Spouse's Name _____

Address _____ /City/State _____ /Zip _____

Home Phone _____ /Cellular _____ /Work _____

Email Address _____

Place of employment _____ Driver's License _____ D.O.B _____

Best time to reach you _____ /Emergency Contact # _____

How did you learn of our clinic? ___ Yellow Pages ___ Recommendation ___ Newspaper
___ sign*If recommended by whom? _____

PATIENT INFORMATION

Name of Pet _____

Dog, Cat, other _____

Breed _____

Color _____

Date of Birth _____ / _____ / _____

Male _____ Female _____

Spayed _____ Neutered _____

MEDICAL INFORMATION

When was your pet last vaccinated? _____

Any Previous illnesses or surgery? _____

What brand of food is your pet currently on ? _____

Reason for visit _____

Would you like additional information about (please circle) Boarding/Obedience
Training/Dental Care?

All fees are due at the time services are rendered. Please indicate choice of payment
(circle) Cash Check Visa Mastercard Discover Care Credit

*I have read the above conditions and agree to pay for any charges that may occur. I realize a
deposit may be required for surgery or treatment.

Signature of Owner _____ /Date _____