

Cerbat Cliffs Animal Hospital  
**Client Information**

Thank you for giving us the opportunity to care for your furry, feathered, and/or scaly family member(s). Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet. **Please have your picture I.D. ready for us to make a copy.**

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

D.O.B \_\_\_\_\_ D.O.B \_\_\_\_\_

Driver's License # \_\_\_\_\_ Exp \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

In Case of EMERGENCY, Call \_\_\_\_\_ Phone # \_\_\_\_\_

We Offer a Senior Discount for services performed by the doctor only. Please advise receptionist if you are over the age of 62.

Cerbat Cliffs Animal Hospital has **NO BILLING** option. All service are to be paid in full at the time of service. If your account is 90 days past due a 50% collection fee will be added.

**WE APOLOGIZE BUT DO NOT ACCEPT CHECKS**

Name of Previous/Current Veterinarian: \_\_\_\_\_ Phone# \_\_\_\_\_

How did you hear of our hospital?

( ) Individual, Someone We May Thank? \_\_\_\_\_ ( ) Phone Book?  
( ) Social Media ( ) Newspaper ( ) Other, please state: \_\_\_\_\_

**To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.**

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and any additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$35.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Pets Information

Name \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Altered \_\_\_\_\_

Ongoing Medical Conditions \_\_\_\_\_  
Medications/Vitamins/Supplements? \_\_\_\_\_

Diet \_\_\_\_\_ How Much? \_\_\_\_\_  
How many times daily? \_\_\_\_\_

Name \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Altered \_\_\_\_\_

Ongoing Medical Conditions \_\_\_\_\_  
Medications/Vitamins/Supplements? \_\_\_\_\_

Diet \_\_\_\_\_ How Much? \_\_\_\_\_  
How many times daily? \_\_\_\_\_

Name \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Altered \_\_\_\_\_

Ongoing Medical Conditions \_\_\_\_\_  
Medications/Vitamins/Supplements? \_\_\_\_\_

Diet \_\_\_\_\_ How Much? \_\_\_\_\_  
How many times daily? \_\_\_\_\_

Name \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Altered \_\_\_\_\_

Ongoing Medical Conditions \_\_\_\_\_  
Medications/Vitamins/Supplements? \_\_\_\_\_

Diet \_\_\_\_\_ How Much? \_\_\_\_\_  
How many times daily? \_\_\_\_\_