



Our commitment is to provide you and your family pet with professional and compassionate care through continuing education and advanced medical technology.

Welcome to Our Clinic! Tell us about yourself!

Owner _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____
Cell Phone _____

Email _____
Driver's License # _____ State _____
Date of Birth _____
Employer _____
Work Phone _____

Please list a secondary contact for your pet. This could be your spouse, other family member, friend, etc.

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____
Relationship to Owner? _____

Name of the last Vet Clinic to treat your pets?

Does Cottonwood Vet Clinic have permission to use your pets picture for social and marketing purposes?
Please Initial here if you give consent: _____

Tell us about your pets! Please list all pets living in your household.

Name	Canine /Feline	Male / Female	Spayed / Neutered	Breed	Color	Age

Do any of your pets have chronic or ongoing issues? Yes / No

Please Explain Below

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept cash, Visa, Master Card, Discover American Express and Care Credit. **NO CHECKS ACCEPTED UNLESS YOU HAVE BEEN AN ESTABLISHED CLIENT FOR OVER A YEAR.

X _____ **Date:** _____

Your email address will be kept private and not used for personal reasons.