

CEDAR VETERINARY HOSPITAL
1602 N. CEDAR AVENUE
FRESNO, CA 93703
559-251-7141

NEW CLIENT INFORMATION

TITLE: _____

FIRST NAME: _____

ARE YOU A SENIOR CITIZEN? _____
(OVER 65)

MI: _____

LAST NAME: _____

DATE OF BIRTH _____

SECONDARY NAME: _____
(SPOUSE/CO-OWNER)

ADDRESS: _____

ZIP CODE: _____

CITY: _____

STATE: _____

EMAIL: _____

PHONE (HOME): _____

(CELL): _____

DID ANYONE REFER YOU? _____ IF SO, PLEASE LIST THEIR NAME: _____

SAME HOUSEHOLD DOES NOT APPLY AS REFERRAL

YELLOW PAGES? _____ EMERGENCY REFERRAL? _____ TV Commercial Ad _____

DO YOU HAVE PET INSURANCE? YES NO

DO YOU CURRENTLY HAVE, OR WISH TO APPLY FOR CARE CREDIT TODAY? YES NO

METHOD OF PAYMENT FOR TODAY? HOSPITAL POLICY REQUIRES FULL PAYMENT DUE AT THE TIME OF SERVICE. A DEPOSIT WILL BE REQUIRED IF PET IS HOSPITALIZED FOR TREATMENT. PLEASE NOTE, WE ARE NOT A 24 HOUR FACILITY, THERE WILL BE TIMES WHEN NO PERSONNEL ARE ON THE PREMISES.

VISA
MASTER CARD
AMERICAN EXPRESS
DISCOVER

CARE CREDIT
CHECK
CASH

NEW PATIENT INFORMATION:

PATIENT NAME: _____

SEX (CIRCLE ONE): MALE MALE/CASTRATED FEMALE FEMALE/SPAYED

BIRTH DATE OR AGE: _____

SPECIES: CANINE FELINE OTHER: _____

BREED: _____ COLOR: _____

IS YOUR PET CURRENT ON VACCINES? YES NO
PLEASE INDICATE BY CIRCLING WHICH ONES ARE **DUE**:

CANINE

FELINE

DHPPC BORD RABIES

FERCC FELV RABIES

OTHER: _____

OTHER: _____

DOES YOUR PET HAVE ANY PAST OR CURRENT MEDICAL CONDITION(S) WE SHOULD BE AWARE OF?

IS YOUR PET CURRENTLY TAKING ANY MEDICATIONS? _____

DOES YOUR PET HAVE ANY KNOWN ALLERGIES TO FOOD OR MEDICATIONS?

WHY ARE WE SEEING YOUR PET TODAY?
