

Cottage Animal Hospital
Client Information

Thank you for bringing your pet to Cottage Animal Hospital. We are a caring team, dedicated to providing quality care for your pet. For your convenience, we accept cash, care credit, Visa or Master Card, Discover and American Express. Personal Checks (Existing Clients only)

Payment due at time of service.

Pet Information

Pet's Name: _____ Canine _____ Feline _____ D.O.B _____

Breed _____ Color _____ Sex _____ Neutered _____ Spayed _____

Please list any allergies, surgeries, or illnesses: _____

Please list you previous Veterinarian to obtain a more complete evaluation of your pet:

Pet Hospital Name _____ Phone # _____

Address _____ Last Visit _____

Owner's Personal Information

Name _____
Last First M.I.

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____ Spouse's Phone _____

EMAIL _____ Spouse's Name _____

Your Driver's License # _____ **Expiration** _____

In order to establish Credit Card privileges, please show your drivers license to the receptionist.

Employment Information

Employers Name and
Address _____

Occupation _____ Work Phone # _____

SIGNATURE _____ **DATE** _____

You must be 18 or over to sign. An adult must be present if under the age of 18.

Please Initial: I give permission _____ I decline _____ my pet's pictures.

Authorization to CAH for pictures they may post on facebook /website for educational purpose.

WORD OF MOUTH IS OUR BEST ADVERTISEMENT, PLEASE REFER A FRIEND.

Who can we thank for referring you? _____