

NEW PATIENT REGISTRATION

Welcome to Cedar Mill Veterinary Hospital. Thank you for giving us the opportunity to care for your pets. Please take a moment to share some important information that will help us to better serve you and your pet's needs. Please print clearly in all spaces.

Your Name _____ Co-Owner _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone #1 _____

Work Phone _____ Cell Phone #2 _____

*Email _____

*Please visit us at www.cedarmillvet.com to enroll as a registered member of our website and to subscribe to the free Pet Living & Wellness Newsletter.

Please note: Your privacy is important to us.

All information received in all forms and through other communications is subject to our **Patient Privacy Policy**

Name of previous veterinary hospital _____ Phone # _____

How did you hear about us (whom may we thank)? _____

PET INFORMATION

Pet's Name _____ Birthday ____ / ____ / ____

Dog / Cat Breed _____ Color _____ Male / Neuter Female / Spay

Known allergies/Sensitivities/Notes _____

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All payments are due at the time of services rendered.

We accept cash, all major credit cards, & Care Credit which can be approved in as little as 10 minutes.

I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____

