

Name of Pet (4) _____ male/ female (circle one)
 Dog / Cat / Rabbit / Bird / Other: _____ Neutered / spayed / intact (circle one)
 Breed _____ Birth Date/ Age _____ Color _____
 Microchip/ tattoo # _____ mm/dd/yyyy
 Previous Vet Information _____
 Clinic name _____ Phone (____) _____
 Doctor(s) name(s) _____

Hospital Policies

Appointment Policy

To allow ample time for all patients and scheduled surgical procedures, we operate primarily by appointment. Emergency cases shall always receive top priority, which is why occasional appointment delay is inevitable. Please realize that we make a sincere attempt to see each client on time.

While consultations are generally preferred, drop-off appointments can be arranged for your convenience, if appropriate. A 'drop off' means you bring your pet at the time that works best for you and leave him/her with us for a couple of hours. Usually we will ask you to drop off sometime in the morning so our doctors can examine the patient in between appointments or at the time purposely reserved for admitted patients. Once the doctor is done, he/she will give you a call to go over the diagnosis and discharge instructions.

FOR THE SAFETY OF OUR STAFF AND THE OTHER ANIMALS IN OUR CARE, WE REQUIRE THAT ALL VACCINATIONS BE UP TO DATE.

Even though we make every effort to make our patients feel comfortable during visits, they may be a little uneasy about new people, new surroundings and other pets. This is one of the reasons we ask you to restrain your pet. We request that animals always be placed on a leash or in pet carriers before entering the waiting room.

Patient Arrival Policy

For your protection, and that of others, all **dogs must be on a leash and properly controlled** while in the waiting area and exam rooms. All cats must be presented in an appropriate cat carrier or on a leash. Exotic/pocket pets and birds must also be properly restrained in a carrier or, if possible in their normal housing.

Payment Policy

We require full payment at the time that services are rendered. For your convenience, we accept Visa, Mastercard, Discover, American Express, Apple pay, cash, and personal checks. Cedar Creek Animal Hospital reserves the right to refuse service due to unpaid balances on the account.

Release of Medical Records

By signing this form, I authorize CCAH to share medical records with other Veterinary entities as related to the care of my pets. *If you do not want your medical records shared please let a staff member know*

By signing this document, you agree to the terms and policies indicated in the terms above.

Owner's signature _____

Date _____