

# Welcome to CVCA



## Registration

Owner \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Would you like to sign up for text message reminders?  Y  N

Does anyone else have permission to make decisions on behalf of your pet?  Y  N

Please list name and contact information: \_\_\_\_\_

How did you hear about CVCA?  My primary care veterinarian  Veterinary specialist \_\_\_\_\_

Have been seen with previous pet  Friend or neighbor  Other \_\_\_\_\_

May we use a photo of this patient and information from the case for our marketing efforts?  Y  N

I understand that payment in full is due at the time of service. I agree to assume financial responsibility for all professional fees, and agree to pay CVCA when services are rendered. I understand that a fee of \$35.00 will be incurred for all returned checks and a service fee of 1.5% will be charged on any unpaid balance. CVCA may also recover reasonable attorney's fees and court costs incurred as a result of my failure to pay in accordance with this authorization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Primary Care Veterinarian

Name of Hospital \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Other Veterinarian or Specialist \_\_\_\_\_

## Pet Health History

Name of Pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female Altered?  Y  N

Are any surgeries or dentistry planned?  Y  N If yes, when? \_\_\_\_\_ and what procedure \_\_\_\_\_

Do any of your pet's relatives have heart disease?  Y  N If yes, what type? \_\_\_\_\_

Heartworm tested?  Y  N If yes, when? \_\_\_\_\_ Results: \_\_\_\_\_ Preventative?  Y  N

Are there any temperament issues we should be advised of? \_\_\_\_\_

Reason for visit \_\_\_\_\_

### For CVCA use

Weight:

Blood Pressure: