



CEDAR RIDGE ANIMAL HOSPITAL

1102 E 23rd STREET
INDEPENDENCE, MO 64055
(816)833-1300



New Client Information

Name: _____ Spouse/ Other: _____

Social Security Number: _____ Driver's License Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

How did you hear about us? Hospital Sign Yellow Pages Website Vet Locator

Someone we may thank _____

Other, please specify _____

Pet Information:

Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Color: _____

Sex: Male Neutered? Female Spayed?

Name of previous/current veterinarian: _____

Is your pet currently receiving any medications? No Yes _____

Does your pet have any known drug allergies? No Yes _____

Other Pets:

Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Color: _____

Sex: Male Neutered? Female Spayed?

Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Color: _____

Sex: Male Neutered? Female Spayed?

I understand every effort will be made to achieve a successful outcome and to provide all possible treatments in regards hospital care and handling within safety limits. I hereby authorize Cedar Ridge Animal Hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged and services are complete. I agree to pay for costs of collection, attorney fees, and court costs in the Jackson County in the event that collection efforts become necessary. I am hereby informed that veterinary service provided during the nighttime hours is dependent on the judgment of the clinic veterinarians, continuous presence of qualified personnel may not be provided.

At the time of your first appointment we will accept payment in the form of Cash, Credit Card, or Care Credit.

Signature: _____ Date: _____