

C A R D I F F
Animal
Hospital & Wellness Center



CLIENT INFORMATION

CLIENT LAST NAME _____ FIRST _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

CLIENTS DATE OF BIRTH*: _____ EMAIL: _____

** Due to C.U.R.E.S., (Controlled Substance Utilization Review and Evaluation System), the Cardiff Animal Hospital & Wellness Center must report all controlled drugs sent home with clients. To provide the correct information to C.U.R.E.S., we must have your date of birth.*

EMPLOYER _____ WORK PHONE _____

SPOUSE/OTHER _____ SPOUSE/ALT. PHONE _____

PREFERRED METHOD OF CONTACT FOR APPOINTMENT AND PATIENT REMINDERS**: Phone Text Email

*** By checking the option to receive text messages from the Cardiff Animal Hospital & Wellness Center at the mobile number provided, you understand that standard text messaging fees or data rates may apply. You also understand that you have the option to opt out of this service at any time.*

Who may we thank for referring you to our hospital? _____

PET INFORMATION

PET'S NAME: _____ DATE OF BIRTH: _____

SPECIES: DOG: _____ CAT: _____ BREED: _____ COLOR: _____

SEX: MALE _____ FEMALE _____ SPAYED/NEUTERED: YES NO

ANY KNOWN ALLERGIES/VACCINE REACTIONS? _____

CURRENT MEDICAL CONDITION(S), ONGOING TREATMENTS, OR PREVIOUS PERTINENT MEDICAL CONDITIONS OR ILLNESSES: _____

PHOTO RELEASE

I authorize the Cardiff Animal Hospital & Wellness Center the right to take photographs of my pet, and to copyright, use, and publish the same in print and/or electronically. This could include, for example, such purposes as publicity on Facebook, illustration in newsletters, and on the Cardiff Animal Hospital & Wellness hospital website.

The Cardiff Animal Hospital & Wellness Center **DOES NOT** have the right to take photographs of my pet, and use or publish the same in print and/or electronically.

PAYMENT & FEE SCHEDULE

Payment for all services are due at the time services are rendered. At your request we will gladly discuss the cost of all services and/or prepare a written estimate of costs for recommended treatment(s) or services. A deposit for services is required for all pets being admitted to the hospital. We accept cash, Visa, Mastercard, Discover, and Care Credit. We apologize in advance, but we DO NOT accept American Express or checks.

Client's Signature: _____ Print Name: _____ Date: _____