

Welcome to Cascade Hospital for Animals. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Spouse's Cell Phone _____ Spouse's Work Phone _____

May we send you information/newsletters via e-mail? Yes No Email Address _____

How did you choose our _____
 Website Yellow Pages Online Yellow Pages Location
 Grand Rapids Magazine West MI Women's Expo Other _____
 Personal Recommendation (whom may we thank?) _____

| Patient Information | Pet #1 | | Pet #2 | | Pet #3 | |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Name | | | | | | |
| Species (Dog, Cat, etc.) | | | | | | |
| Breed | | | | | | |
| Date of Birth | | | | | | |
| Sex: (circle) | Female Spayed | Male Neutered | Female Spayed | Male Neutered | Female Spayed | Male Neutered |
| Color | | | | | | |
| Previous Veterinarian Information | Name | | | | | |
| | Hospital | | | | | |
| | Phone | | | | | |

Our pet is: Member of Family Child's Pet Backyard Pet

Any previous illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Signature of Owner or Agent

Cascade Hospital for Animals
 6730 Cascade Rd. SE
 Grand Rapids, MI 49546
 (616) 949-0960

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