

Welcome to Cottonwood Small Animal Clinic-PLEASE FILL OUT ALL HIGHLIGHTED AREAS

Client Information:

Have you ever been seen at our other location at the Auction Yard? Y____N____

Name_____SpouseName_____

Address_____

City_____St_____Zip_____

Cell#_____Home#_____

Work#_____ Alternate emergency name & number _____

Email_____ to receive vaccination reminders/records/xrays

Your date of birth: _____

(SS# Optional if you do not have DL number) SS#_____

Driver's License #_____ Spouse Driver's License#_____

The above personal information is used in the event we have to use control drugs on your pet per the federal government.

WE DO NOT ACCEPT CHECKS!!! CASH/DEBIT/VISA/MASTERCARD/DISCOVER ONLY

*Required if seen for after-hour services we offer.

Credit Card #_____ Exp_____ Code_____ Zip_____

Signature: _____ Today's Date _____

Pet Information:

Patient Name: _____ Male/Female: _____ Spayed/Neutered? Yes or NO

Date of birth or Age: _____ Breed: _____ Color: _____

Reason for Visit? _____

Previous Veterinary Clinic _____

Email: cottonwoodsmallanimal@gmail.com or Fax: 530-347-3724

We love sharing pictures of our patients on our Facebook page. Do you give us permission to post pictures and share information pertaining to your pet on our Facebook page?

If yes/ok please sign: Signature: _____

If you decline any posts about your pet please initial here: _____