

Welcome to Cambridge Veterinary Care

Registration

Owner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

We would like to send health reminders for your pet and give you complete access to your pet's records through Pet Portal. We pledge to **never** share your address.

Co-Owner's Name _____ Cell Phone _____

Patient Information

Name: _____ Cat Dog Other: _____

Breed: _____ Description (Color): _____

D.O.B. _____ Sex: Male Female Spayed/Neutered: Yes No

Here today for: Well Visit Sick Visit: _____

Current Medications: _____

Does your pet have any allergies? _____

What kind of food does your pet eat? _____

Are you concerned about your pet's weight? _____

Which Pet Insurance company protects your pet? _____

Has your pet been microchipped? Yes No

Would you like to discuss having a chip implanted today? Yes No

I would like to enroll my pet in a Wellness Plan YES NO

I will be paying for my pet's visit today by:

Cash Credit Card Care Credit

☉ **How did you hear about us?**

Sign Internet Advertisement

Referral (If so, whom?) _____

