



2 Route 130, Forestdale MA, 02644
Phone: 508-477-0206
Fax: 508-477-1854
Email: Clientservices@capecodvets.com

Thank you for giving us the opportunity to care for your pet. Please help us better serve your needs by taking a few moments to fill out both sides of this information sheet.

Today's Date: _____

Owner's Name: _____

Co-Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell Phone#: _____

Work Phone#: _____ Co-Owner's Work Phone#: _____

In case of emergency, call _____ at phone# _____

Email: _____

Please note that your privacy is of our utmost importance – your email address will be used for newsletter purposes only.

How did you hear of our hospital?

Personal Recommendation. Whom may we thank? _____

Hospital Sign _____

Web site or social media _____

Other _____

Please complete the following information for each pet:

	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Sex			
Spayed / Neutered			
DOB			
Color			

Appointment Checklist

1. Please remember that all pets should be either on a leash or in a carrier for their own safety.
2. Massachusetts state law mandates that all companion animals have current rabies vaccination. To help prevent the spread of infectious diseases, all hospitalized and boarded animals must be current on all appropriate vaccines.
3. Professional fees are due upon completion of services rendered. We accept Cash, Visa, MasterCard, Discover, CareCredit, and personal checks with a driver's license number.
4. Please call if you will be late or must cancel the appointment.
5. Cancellation Policy: Please notify us 24 hours in advance if you have to cancel an appointment. Three consecutively missed appointments without prior cancellation will result in an office appointment charge of \$69.

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to treat, prescribe for, or perform services upon the pet(s) listed. Furthermore, I agree to pay for services rendered at the time the pet is discharged from the hospital. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

Signature: _____ Date: _____